

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Louis Alton</i>		Town <i>East Port</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>East Port</i>		Date of death 1907		Age 24		Months 11	
Month <i>July</i>		Day <i>27</i>		Years <i>24</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Cliffs</i>			
Occupation <i>Ex. Soldier</i>		Where Residing If not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John O. Alton</i>		Father's Birthplace <i>Calvert Cliffs</i>					
Mother's Maiden Name <i>Clara Gates</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>John Alton</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Lung

How long

6 mos

Immediate

How long

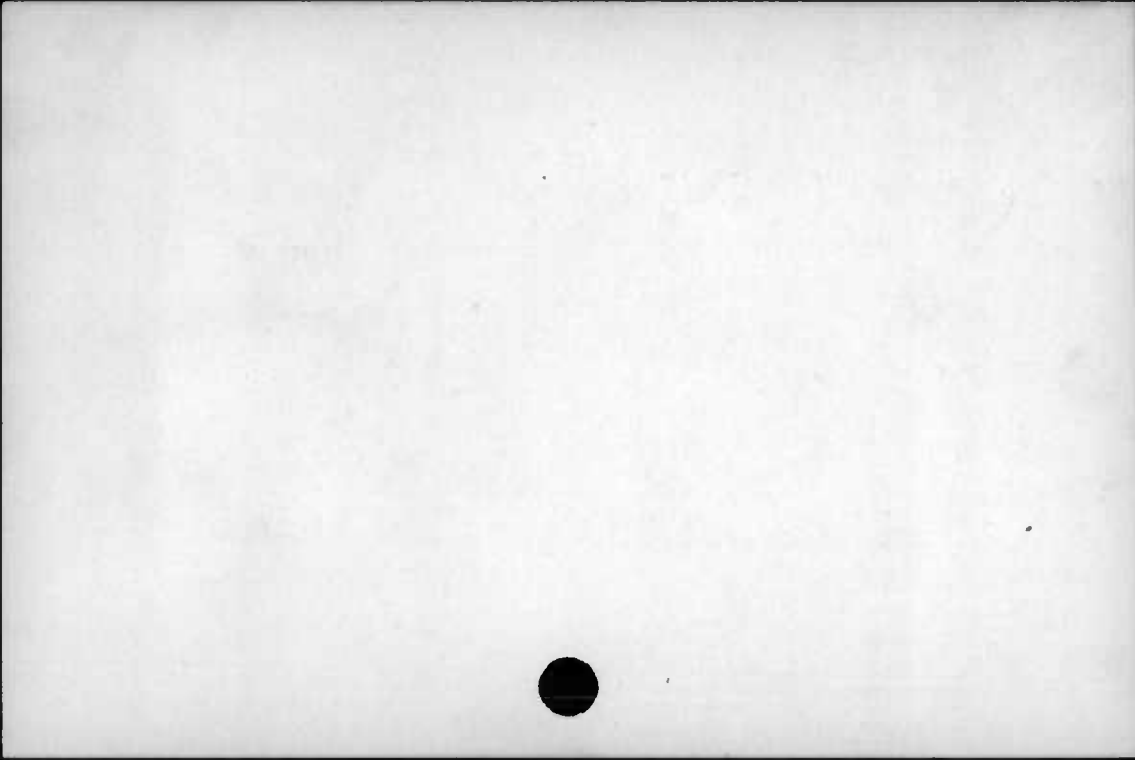
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

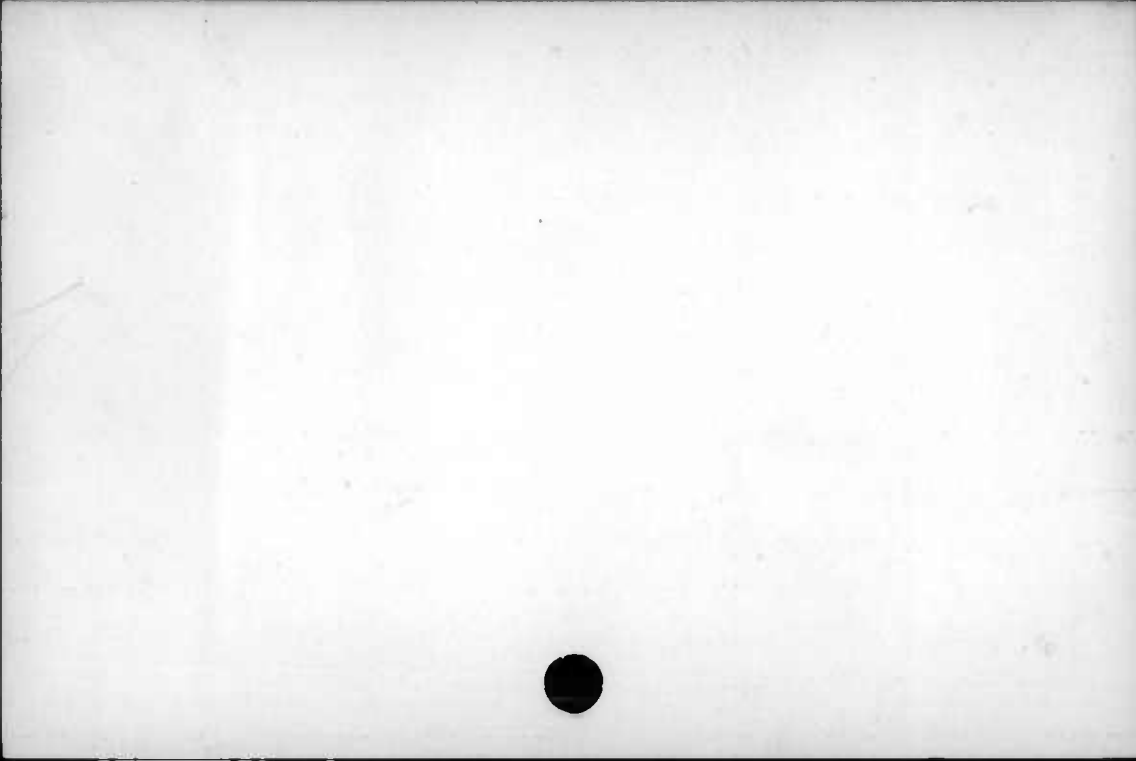
Address

J. J. Murphy

Accident or Suicide?



Name in Full		Samuel Amolsky				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Shady Side		County Anne Arundel		MARYLAND	
	Date of death	1907	Month July	Day 2	Years 14	Months 11	Days 23
	Sex	male		Color or Race white		Birth-place Baltimore	
	Occupation	nothing		Where Residing if not at place of death		Baltimore	
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	Lewis Amolsky		Father's Birthplace		not known	
	Mother's Maiden Name	Katherine Amolsky		Mother's Birthplace		" "	
	Name of person giving information	Sand Amolsky		How related to deceased		brother	
		CAUSES OF DEATH				172	
PHYSICIAN OR CORONER	Primary	Accidental drowning				How long	
	Immediate	yes				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Wilson P. Burns Jr.		
					Address Shady Side		
	Accident or Suicide?		Accident				



Name
in
Full

CERTIFICATE OF DEATH

Francis Winget - Bealer

TO BE ANSWERED BY
NEAREST FRIEND

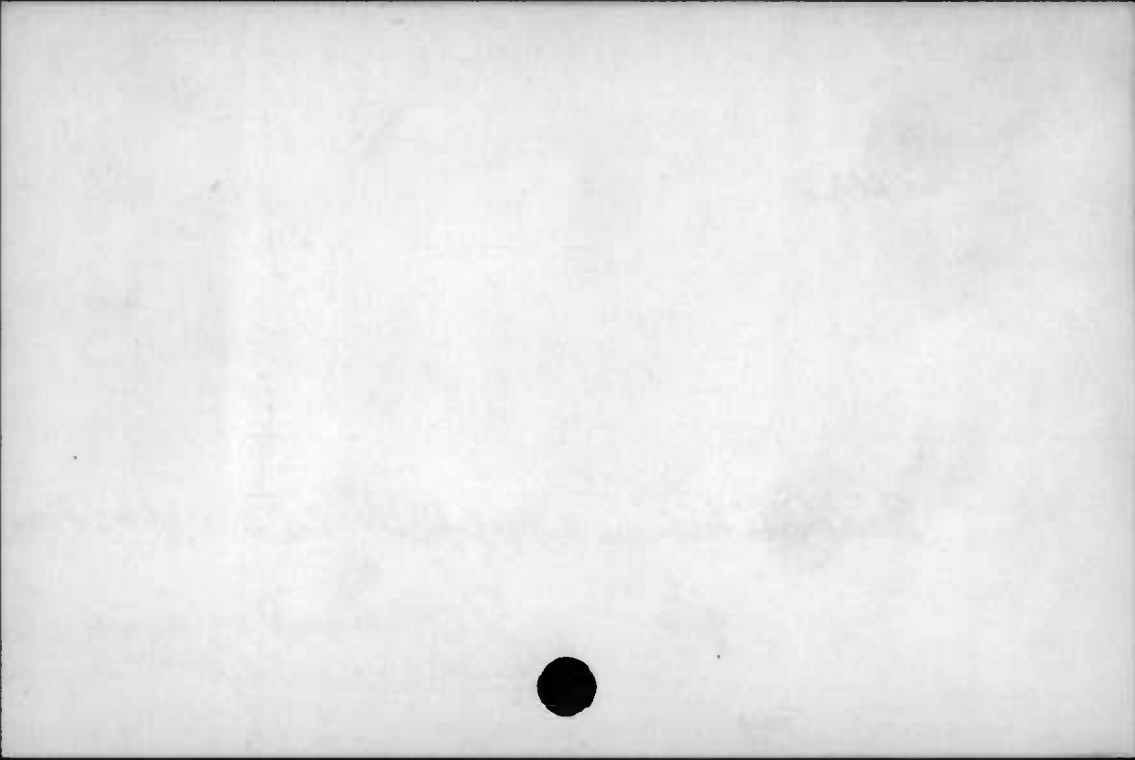
Died at <i>Annapolis</i>		County <i>a a Co.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>23rd</i>	Age <i>6</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Annapolis Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Francis Winget Bealer</i>			Father's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Julia F. Geraci</i>			Mother's Birthplace <i>dc</i>		
Name of person giving information <i>Francis W. Bealer</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>Five weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Wells</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide? <i>No.</i>	



Name
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Full

CERTIFICATE OF DEATH

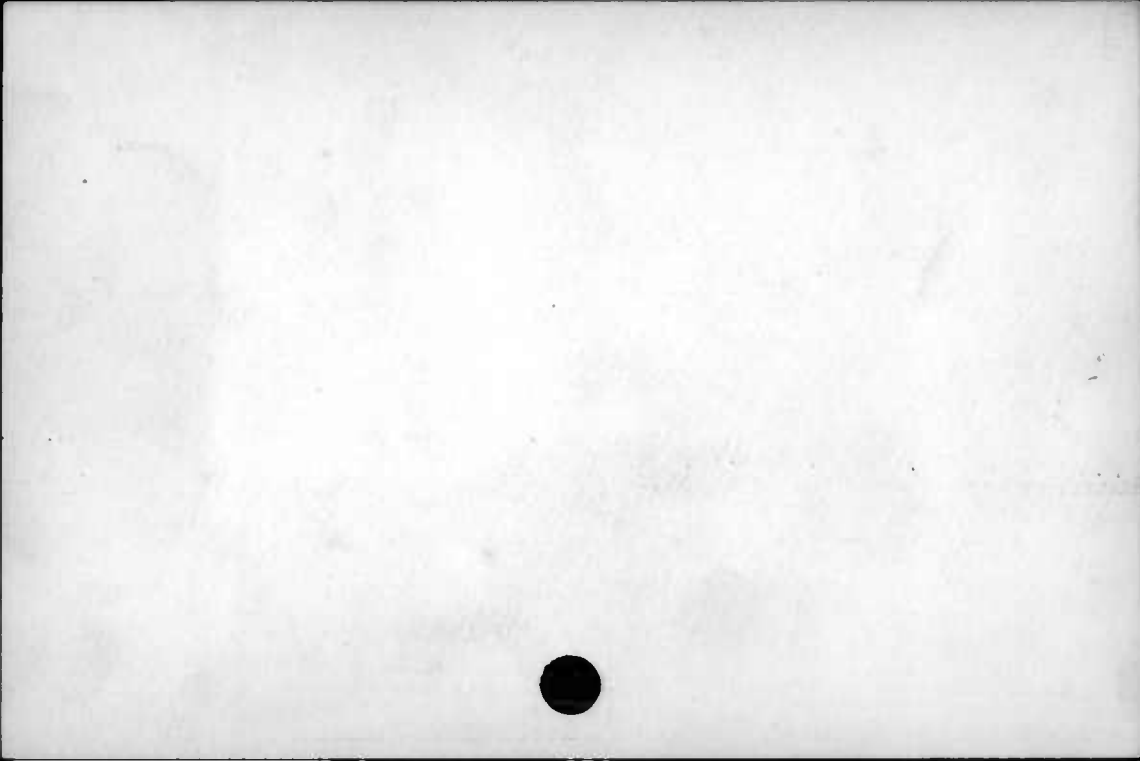
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annopolis</i> ^{Town}		<i>C C</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i> ^{Month} <i>July</i> ^{Day} <i>3</i>		Age <i>16</i> ^{Years} <i>11</i> ^{Months} <i>11</i> ^{Days}			
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Annopolis</i>			
Occupation <i>not any</i>	Where Residing if not at place of death <i>169 West Street</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>neither</i>				
Father's Name <i>Caleb White Beard</i>	Father's Birthplace <i>Rutland Md</i>				
Mother's Maiden Name <i>Marion Alberta Beard</i>	Mother's Birthplace <i>Annopolis md</i>				
Name of person giving information <i>Caleb White Beard</i>	How related to deceased <i>Farther</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition + Dyspeptic</i>	How long <i>4 or 5 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John P. Curran</i>
		Address <i>Annopolis Md</i>
Accident or Suicide?	<i>No</i>	



Name
in
Full

Still born Belt

CERTIFICATE OF DEATH

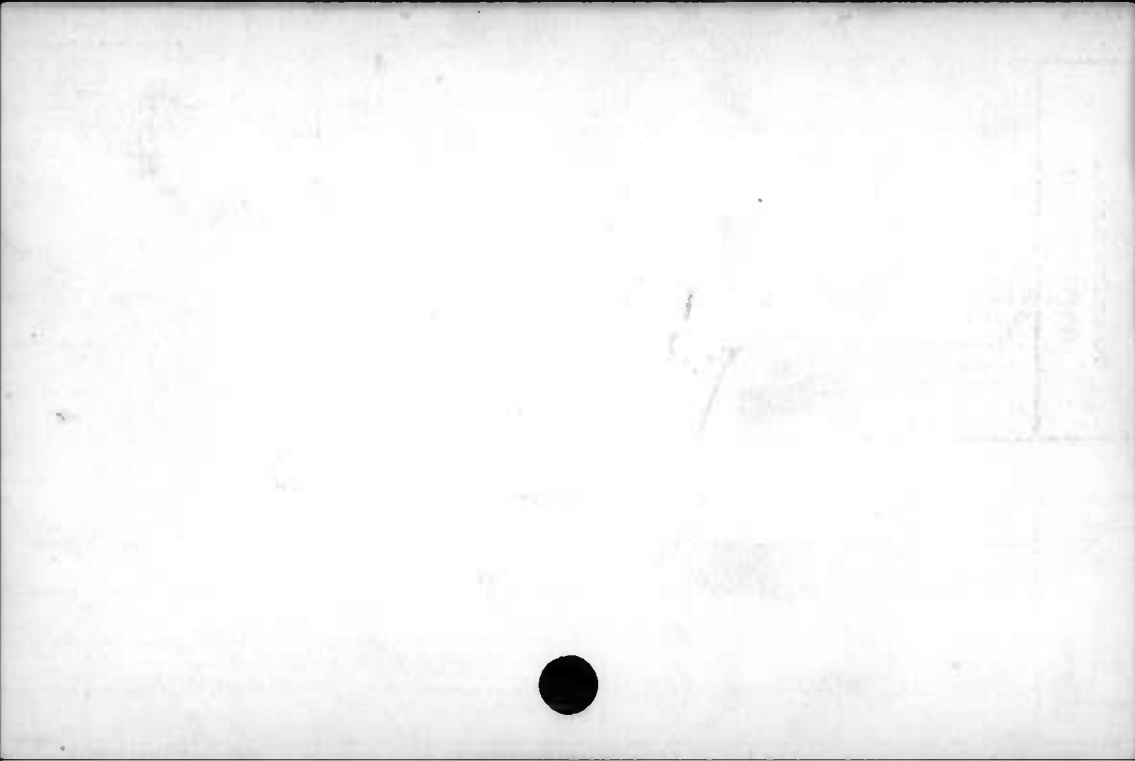
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <i>md</i>		County <i>A. A. Co.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>6</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>56 Northwest st</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Belt</i>		(S)		Father's Birthplace <i>Annapolis md</i>	
Mother's Maiden Name <i>Ethel Henderson</i>				Mother's Birthplace <i>Annapolis md</i>	
Name of person giving information <i>Ethel Belt</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn</i>	(S)	How long <i>—</i>
Immediate <i>—</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. H. Thompson Md.</i>	
	Address <i>193 Church St.</i>	
	<i>Annapolis Md</i>	
Accident or Suicide? <i>—</i>		



Name
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Full

Nancie Belt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

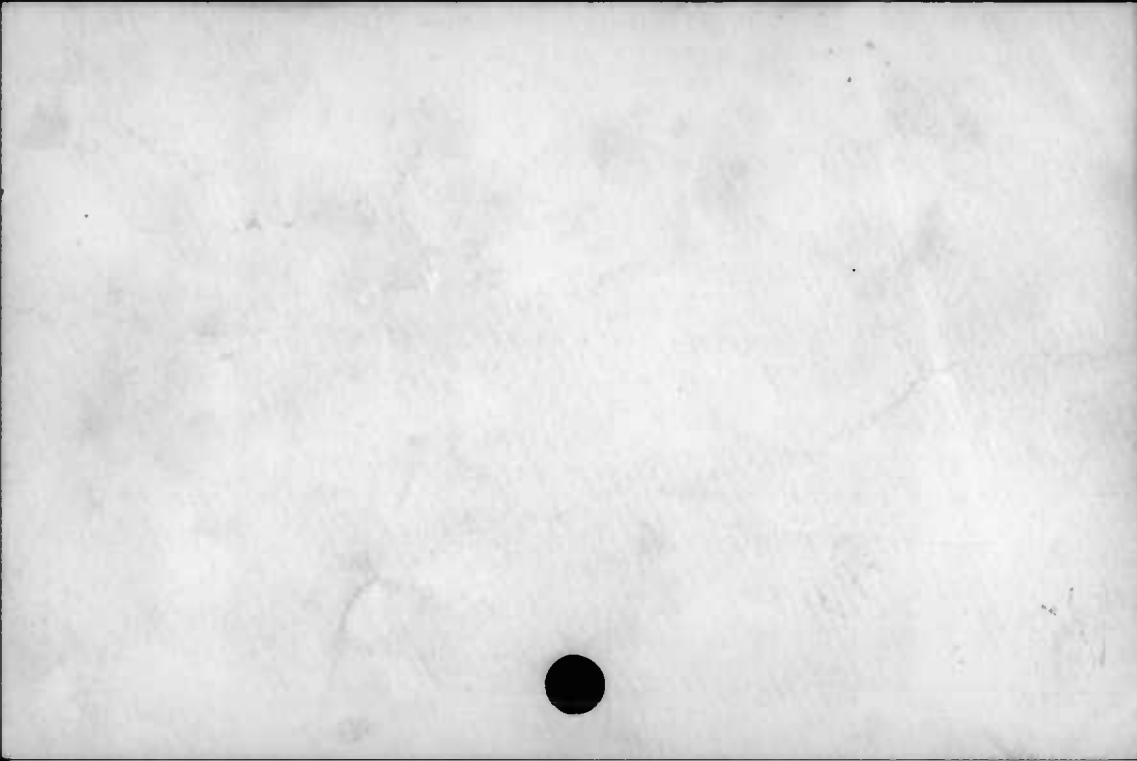
Died at		Annapolis A.D.		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		July	16 th	Age 24	11	and 20	
Sex	Female	Color or Race	Colored		Birth-place	Westerburg	
Occupation	Nurse		Where Residing if not at place of death		106 South 6 th St		
Married, Single or Widowed	Single		Name of Wife or Husband		unknown		
Father's Name	William Belt		Father's Birthplace		Patuxent Md		
Mother's Maiden Name	Cinderella Bostan		Mother's Birthplace		Patuxent Md		
Name of person giving information	Cinderella Bostan		How related to deceased		Mother		

CAUSES OF DEATH

(V20)

PHYSICIAN
OR CORONER

Primary	Uraemia	How long	3 days
Immediate	Convulsions	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	T. P. Keeper
		Address	60 Cathedral St Annapolis Md
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

Mary L. Britton

TO BE ANSWERED BY
NEAREST FRIEND

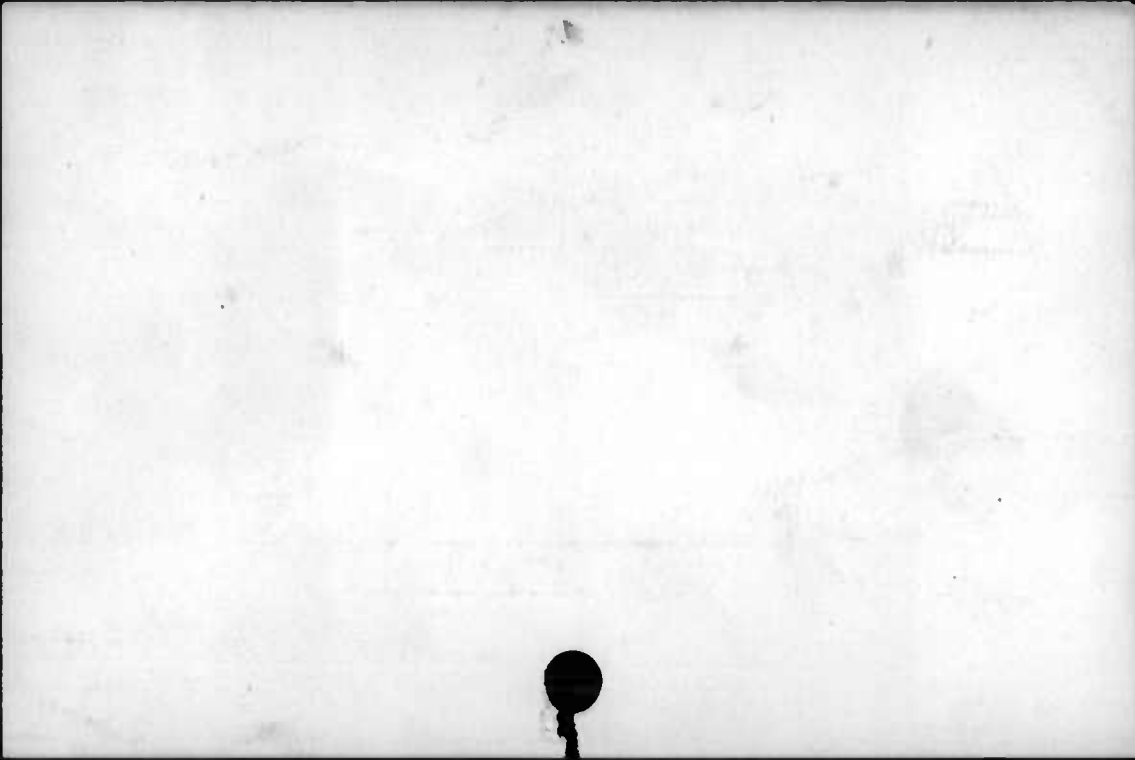
Died at <i>East Port</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>69</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Mexico C. N. D.</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alfred L. Britton</i>				
Father's Name <i>William F. Ford</i>	Father's Birthplace <i>Mexico C. N. D.</i>				
Mother's Maiden Name <i>Achey Hentchinson</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Alfred L. Britton</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

(67)

PHYSICIAN
OR CORONER

Primary <i>General Paralysis</i>	How long <i>5 years</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J. Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>no</i>	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

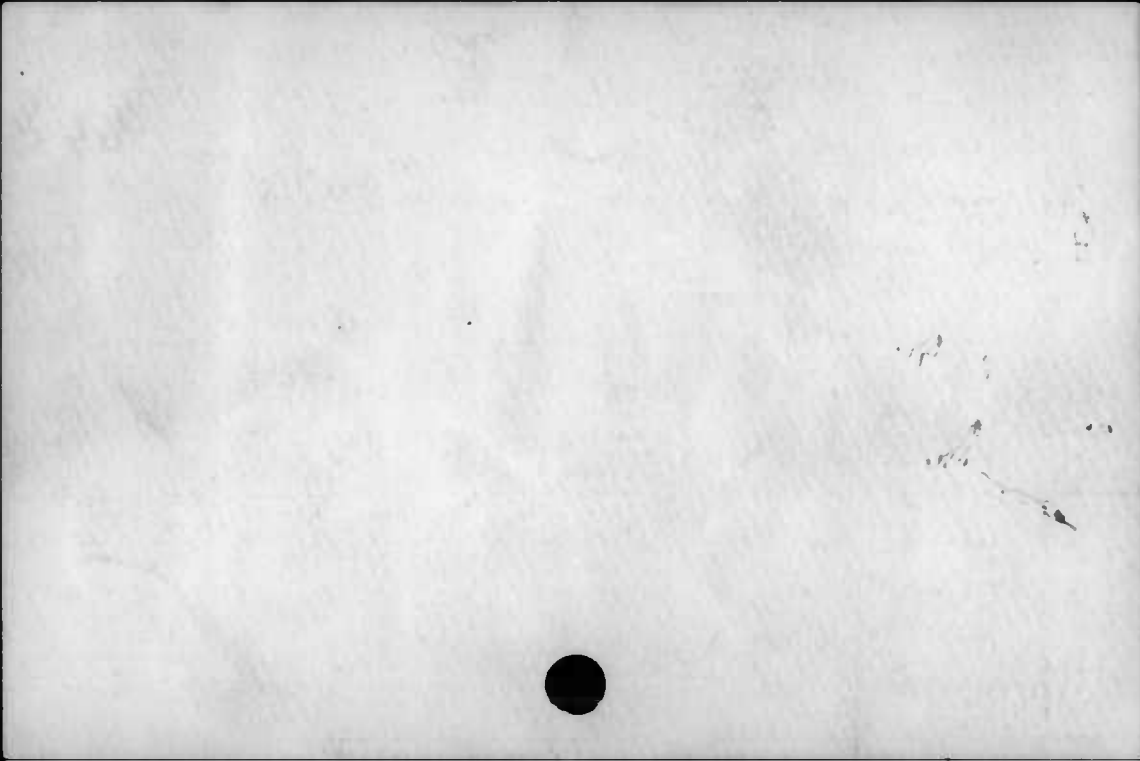
Name <i>Annie Alberta Brown</i>		Town <i>Annapolis</i>		County <i>Cal.</i>		State <i>MD.</i>			
Died at <i>Annapolis</i>		Date of death <i>July 21 1907</i>		Age <i>20</i>		Months <i>11</i>		Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Unknown</i>					
Occupation <i>House keeping</i>		Where Residing if not at place of death <i>76 Clay St</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Charles Leland Brown</i>							
Father's Name <i>Billie Pines</i>		Father's Birthplace <i>Darisonville</i>							
Mother's Maiden Name <i>Charity Johnson</i>		Mother's Birthplace <i>Darisonville</i>							
Name of person giving Information <i>Charles P. Brown</i>		How related to deceased <i>Husband</i>							

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>Six weeks</i>
Immediate <i>Asthenia</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Ridout</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name
in
Full

James Reed Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>July</i> ^{Month}	<i>11.</i> ^{Day}	Age <i>—</i> ^{Years}	<i>3.</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male.</i>	Color or Race <i>Colord.</i>	Birth-place <i>Annapolis</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>10 11. Block. St.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James Brown.</i>	Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Charlotte Wardlock</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Charlotte M. Brown.</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>Some days</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Riordan</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Florence Carr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death	1907	Month July	Day 15	Age	23	Months	Days
Sex	Female		Color or Race	Colord.		Birth- place	Washington D.C.
Occupation	Domestic			Where Residing If not at place of death		38 Acton Lane	
Married, Single or Widowed	Married		Name of Wife or Husband		Charles E. Carr.		
Father's Name	Dennie Larkins					Father's Birthplace	unknown
Mother's Maiden Name	unknown					Mother's Birthplace	unknown
Name of person giving information	Charles E. Carr.					How related to deceased	Husband

CAUSES OF DEATH

172

PHYSICIAN
OR CORONERPrimary
Accidental Drowning

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. J. Murphy M.D.
Annapolis

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

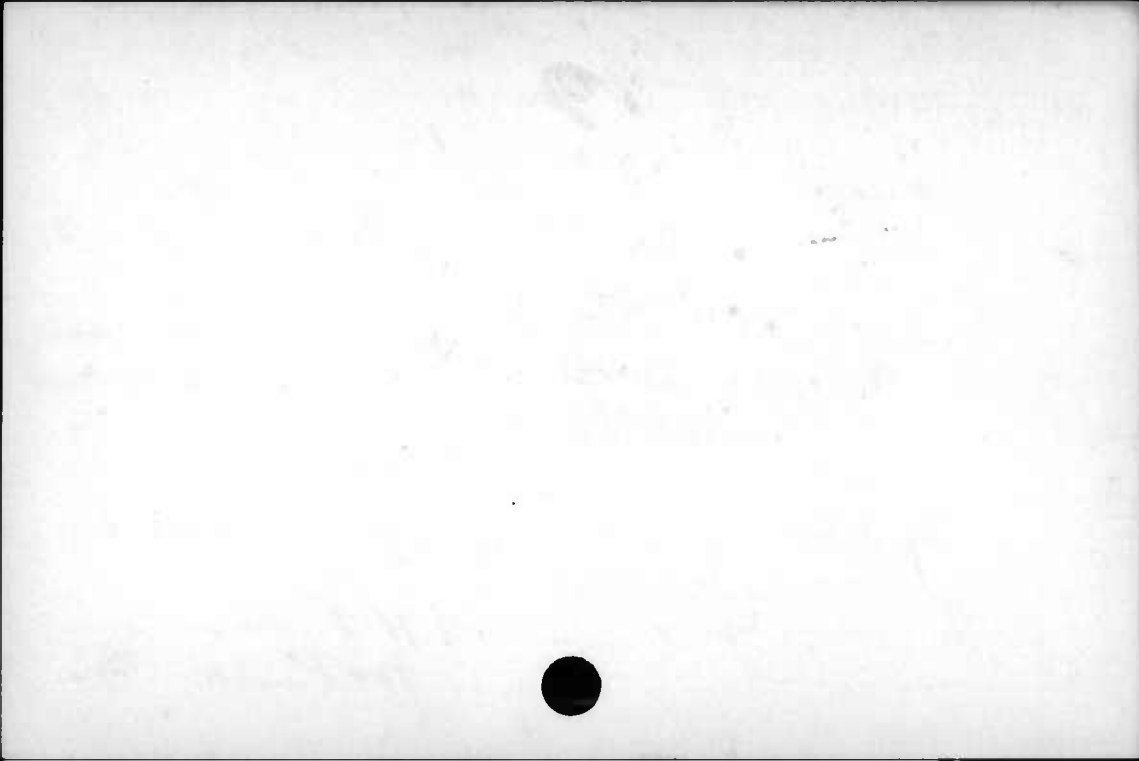
Died at Wilham Town Anne Arundel County		MARYLAND	
Date of death 1907 July 25th Month 7 Day 25th Age 7 Years 7 Months 14 Days	Sex Male Color or Race Black Birth-place Anne Arundel Md		
Occupation none	Where Residing if not at place of death —		
Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> or Widowed <input type="checkbox"/>	Name of Wife or Husband —		
Father's Name Joseph Carroll	Father's Birthplace Anne Arundel Md		
Mother's Maiden Name Elizabeth Marshall	Mother's Birthplace Anne Arundel Md		
Name of person giving information John Chester Marshall	How related to deceased Saellbrocker		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum	How long One week
Immediate Exhaustion	How long One day
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician C. R. Winkler
	Address Hanover, Md
Accident or Suicide? —	



Name
in
Full

Rosa Chalmers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

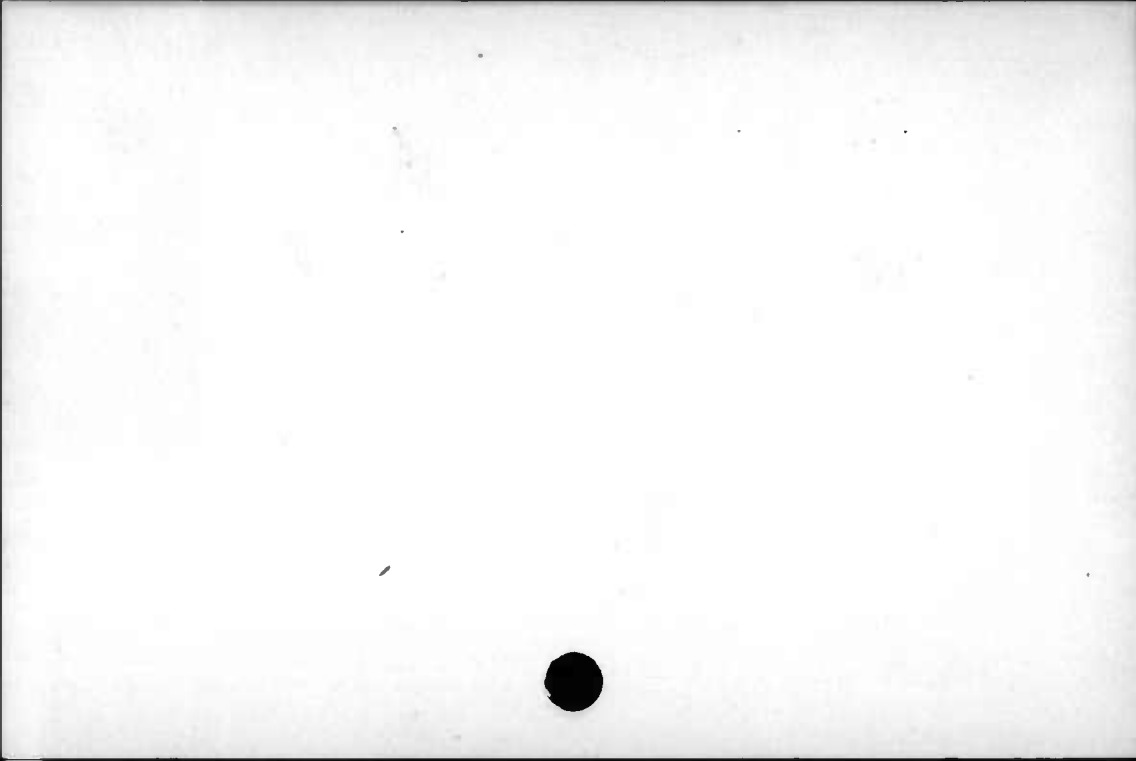
Died at <u>Lothian</u> Town		<u>Anne Amos</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>July</u> Day	Age	<u>16</u> Years	Months <u>3</u> Days <u>—</u>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death <u>Friendship, Ind.</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>George Chalmers</u>			Father's Birthplace	<u>Virginia</u>
Mother's Maiden Name	<u>Margaret Wooten</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>George Chalmers</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<u>Typhoid fever</u>	How long	<u>2 weeks</u>
Immediate	<u>Asthenia</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. H. Perri.</u>
		Address	<u>McKendree, Ind.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Slip born.		Clark		COUNTY		TOWN		Died at		near Laurel.		Anne Arundel		MARYLAND	
Date of death		1907		July		6		Age		Years		Months		Days			
Sex		Male		Color or Race		white		Birth-place		near Laurel							
Occupation				Where Residing if not at place of death													
Married, Single or Widowed				Name of Wife or Husband													
Father's Name		George Clark.		Father's Birthplace		Anne Arundel Co.											
Mother's Maiden Name		Mary Ammer		Mother's Birthplace		Laurel											
Name of person giving information		George Clark.		How related to deceased		Aunt											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Unknown.		How long			
Immediate		Slip born.		How long			
Are the name, age, sex, color, date and place correctly given above?		78		Signature of Physician		Dr. Beatty	
				Address		Laurel, Md.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Un-named black

Town Laurel County Anne Arundell

Died at

Date of death 1907 July 9th Age 4 Months 4 days

Sex Male Color or Race black Birth-place Anne Arundell Co.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name George Clark Father's Birthplace Anne Arundell Co.

Mother's Maiden Name Martha America Mother's Birthplace Anne Arundell Co.

Name of person giving information George Clark. How related to deceased Father

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

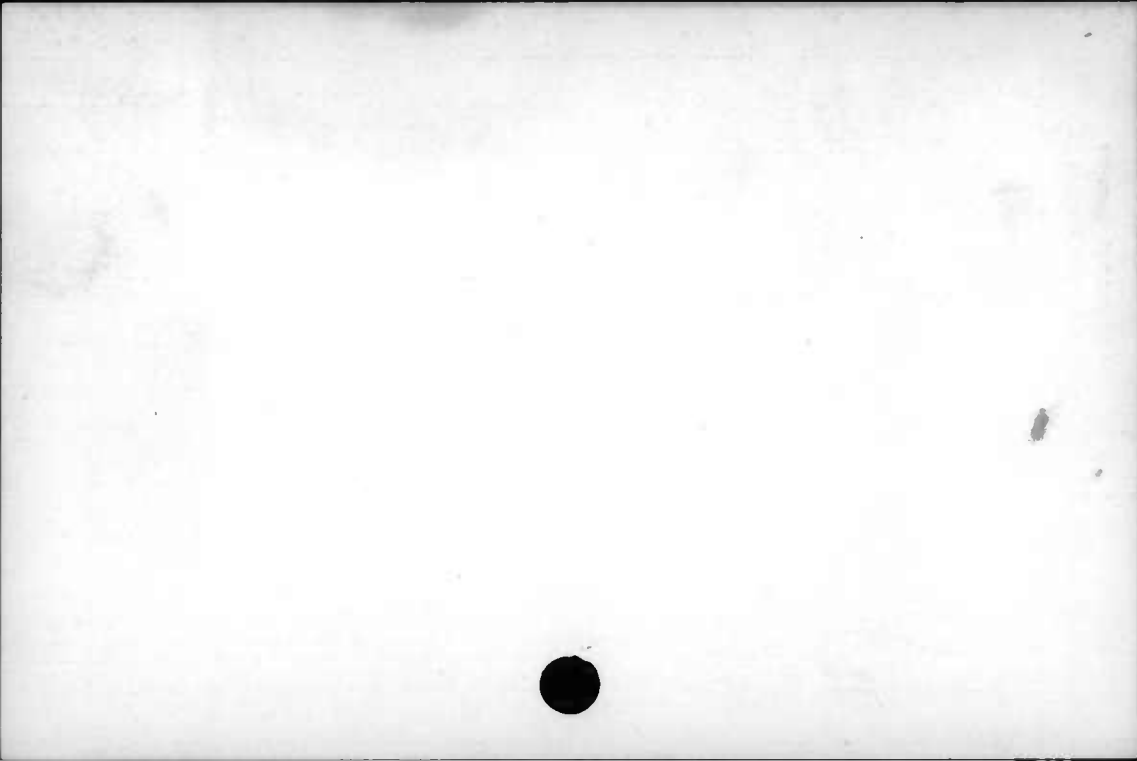
Primary Undetermined How long 4 days

Immediate _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Ryerly Address Laurel, Md.

Accident or Suicide? no



Name
in
Full

Thomas Fenner Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u>		Town <u>Annapolis</u>		County <u>Ad Co</u>		MARYLAND	
Date of death	1907	Month	July	Day	21	Age	31
Sex	Male	Color or Race	White	Birth-place	Annapolis		
Occupation	Oyster Packer	Where Residing if not at place of death	Emergency Hospital				
Married, Single or Widowed	Married	Name of Wife or Husband	Edner Clark				
Father's Name	George W Clark	Father's Birthplace	Maryland				
Mother's Maiden Name	M Tydings	Mother's Birthplace	Maryland				
Name of person giving information	George W Clark	How related to deceased	Father				

CAUSES OF DEATH

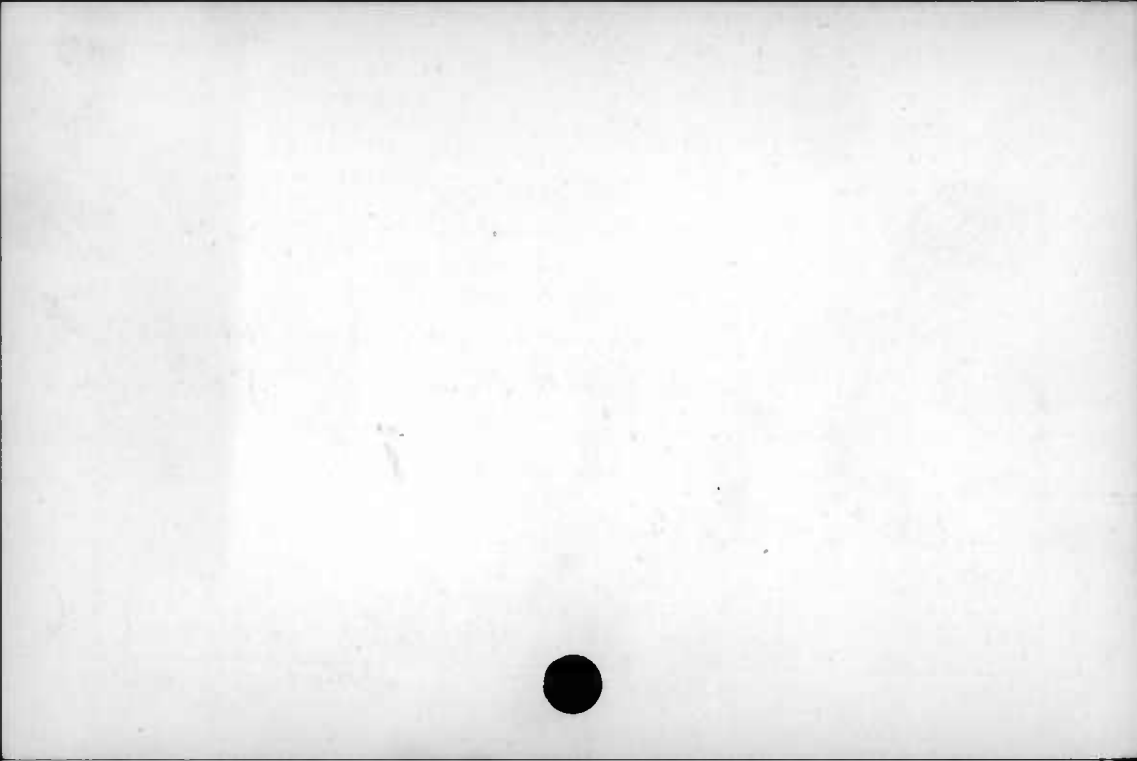
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PHYSICIAN
OR CORONER

Primary	Typhoid + Pneumonia	How long	3 wks
Immediate	Pneumonia	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Murphy
		Address	Annapolis
Accident or Suicide? —			



Name in Full		Baby Drifter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		County		MARYLAND	
	Date of death	1907	July	1st	Age	Still-born	
	Sex	male		Color or Race	white		Birth-place
	Occupation	Infant		Where Residing if not at place of death		Annapolis, Md.	
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	J.B. Drifter		Father's Birthplace		Annapolis, Md.	
	Mother's Maiden Name	Elizabeth H. Heller		Mother's Birthplace		St. Clair, Pa.	
Name of person giving information	J.B. Drifter		How related to deceased		father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Still-born			How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	Louis B. Heubel Jr.	
					Address	Annapolis, Md.	
	Accident or Suicide?	either					



Name
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Full

Leattie Galloway

CERTIFICATE OF DEATH

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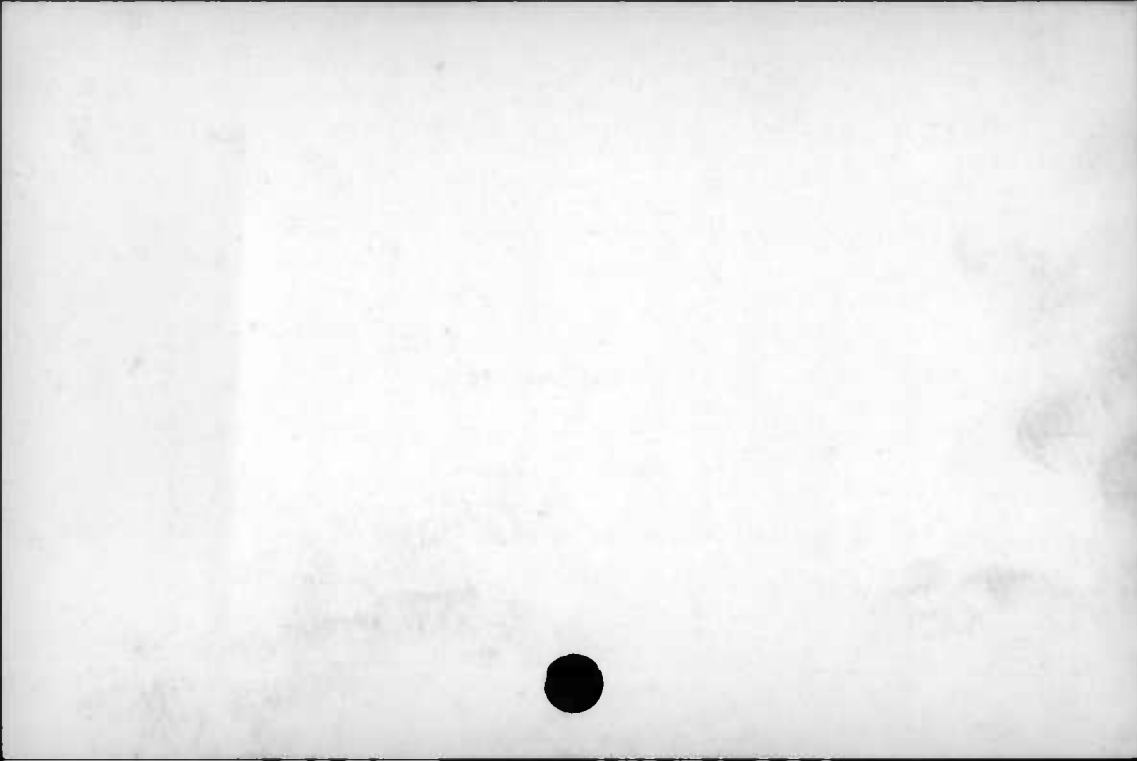
Died at		Town		County		MARYLAND	
Date of death		1907	Month	July	Day	17	Age
Sex		Male		Color or Race		Colored	
Occupation				Birth-place		East Port	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Eugene Galloway				Father's Birthplace	
Mother's Maiden Name		Mary Richardson				Mother's Birthplace	
Name of person giving information		Father				How related to deceased	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	Four days
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout, M.D.	
Address		Annapolis Md	
Accident or Suicide?			



Name
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Full

Wm. T. Gross

CERTIFICATE OF DEATH

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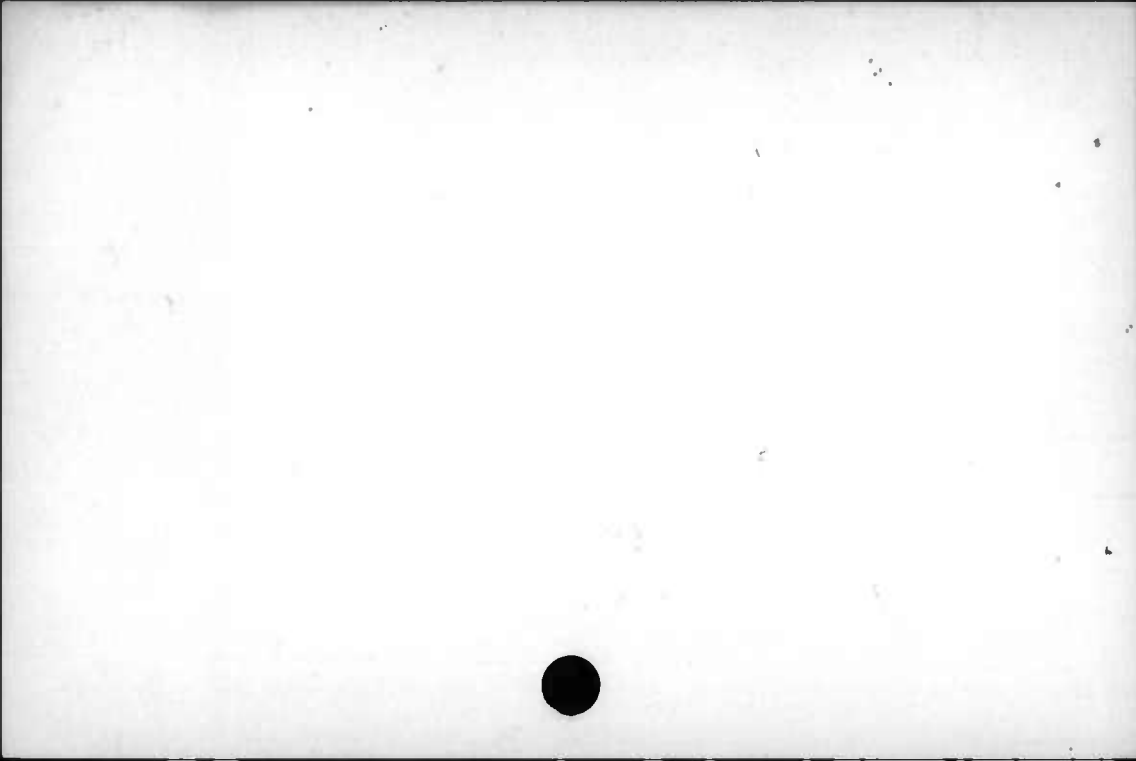
Died at <i>Shady Side</i> Town <i>A A</i> City		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>20</i>	Age <i>45</i> Years Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>	
Occupation <i>Oysterman</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or <i>Serina Miller</i>		
Father's Name <i>John Gross</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Harriet Coats</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Henry Scott</i>	How related to deceased <i>Friend</i>		

CAUSES OF DEATH

(29)

PHYSICIAN
OR CORONER

Primary <i>Peritoneal Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Yes T Drut</i>
	Address <i>Churckton</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rachel A. Hall

Town **Annapolis Md** County **a.a. Co** **MARYLAND**

Died at **Annapolis Md**

Date of death **1907** Month **July** Day **15** Age **5** Years **5** Months **1** Days **1**

Sex **Female** Color or Race **Colored** Birth-place **South Carolina**

Occupation **unknown** Where Residing if not at place of death **66 Pleasant St**

Married, Single or Widowed **single** Name of Wife or Husband **unknown**

Father's Name **Edgar Hall** Father's Birthplace **Mt. Zion Ind**

Mother's Maiden Name **Rachel Taylor** Mother's Birthplace **South Carolina**

Name of person giving information **Porter Hall** How related to deceased **Brother**

CAUSES OF DEATH

(30)

PHYSICIAN
OR CORONER

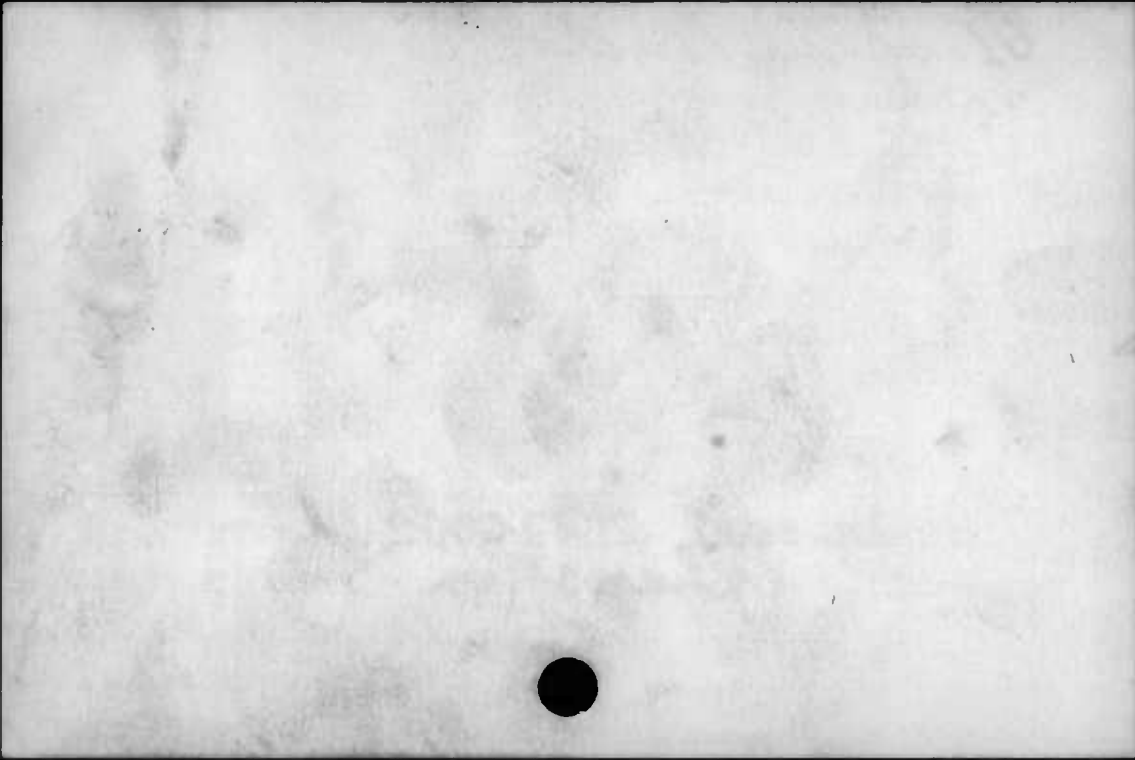
Primary **Soas Abscess** How long **Two months**

Immediate **Exhaustion** How long **Gradual**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **John Ridout** Address **Annapolis Md**

Accident or Suicide?



Name
in
Full

Daniel E. Hapking

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Eastport* ^{Town}

County

a a ba

Date

of death *1907*

Month

July

Day

20

Age

Years

Months

4

Days

20

Sex

*Male*Color or
Race*White*Birth-
place*East Port*

Occupation

*None*Where Residing if not
at place of death*East Port*Married, Single
or Widowed*Single*Name of Wife or
Husband*None*Father's
Name*E E Hapking*Father's
Birthplace*Annapolis*Mother's
Maiden Name*Mary James S Hade*Mother's
Birthplace*Annapolis*Name of person giving
In formation*E E Hapking*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Mrs Colitis

How long

*two weeks**105*

Immediate

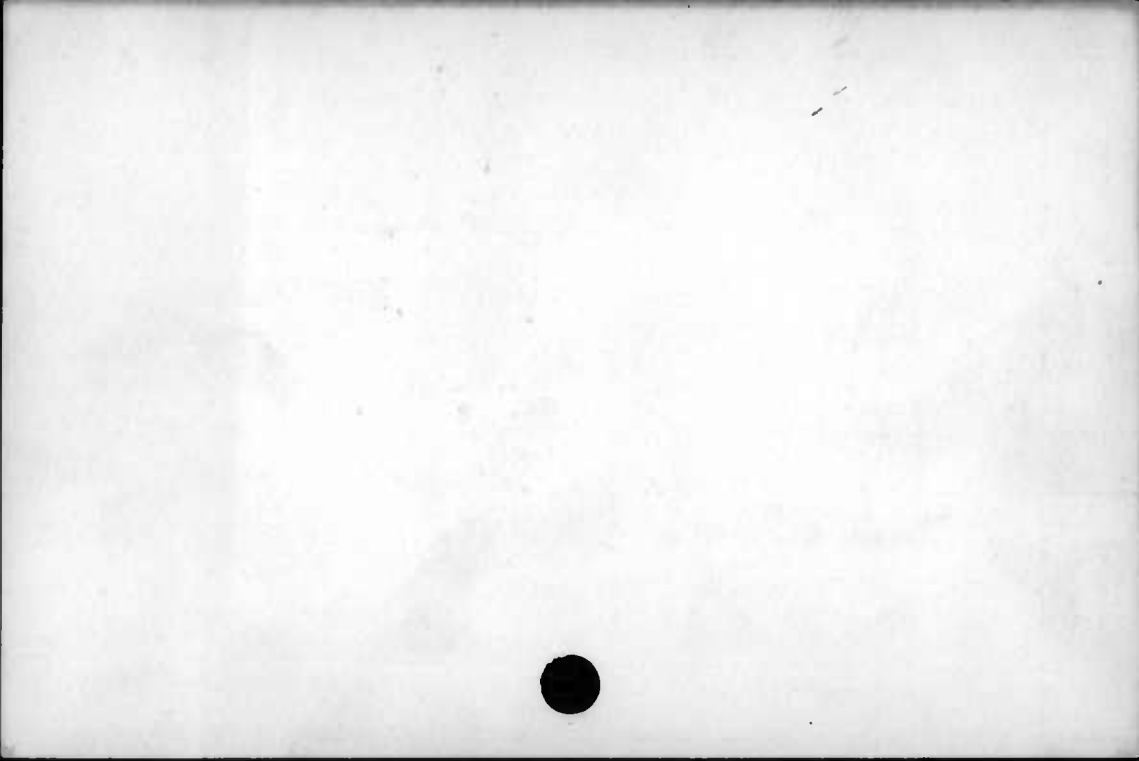
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

J. Oliver Parris
Annapolis

Accident or Suicide?

No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

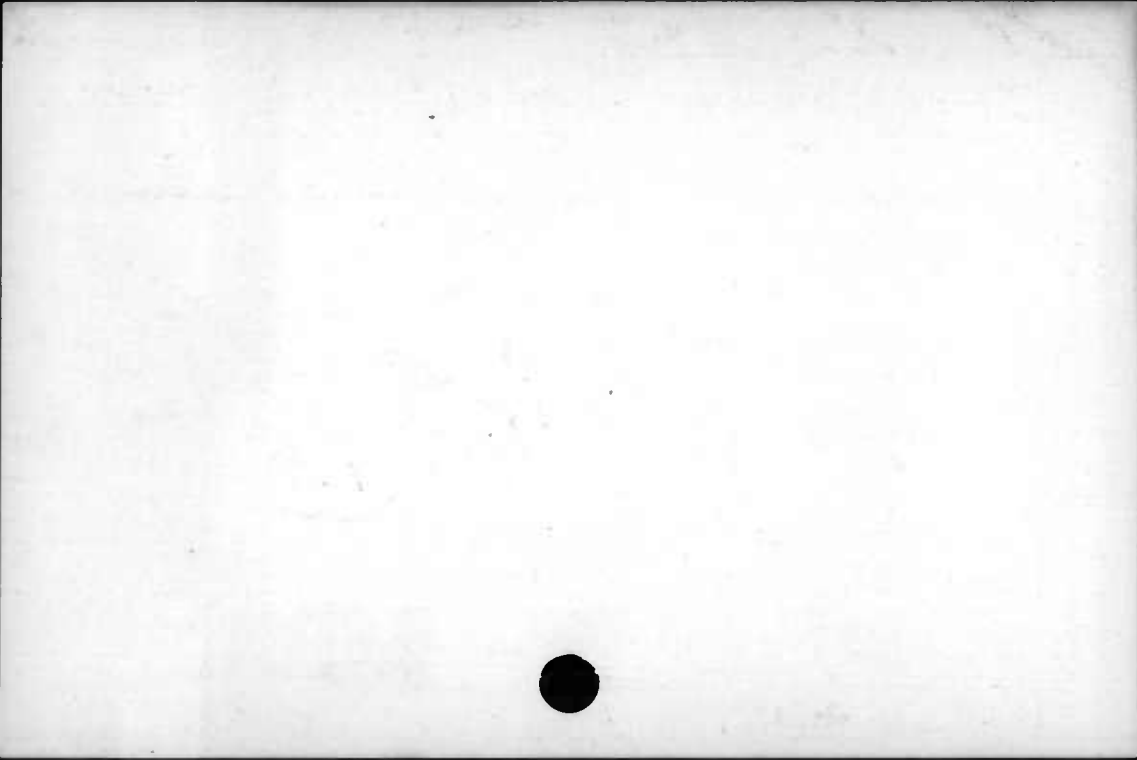
Name in Full <i>Samuel B. Hardy</i>		Town <i>Jessup</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 7 31</i>		<i>53</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ad. Co. Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Hardy</i>					
Father's Name <i>Eleven Hardy</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Georgianna Jones</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>John Hardy</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Interstitial Nephritis</i>	How long	<i>One Year</i>
Immediate	<i>Uræmic Coma</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. H. Hammond</i>	
		Address <i>Jessup, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Rachel Ann Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

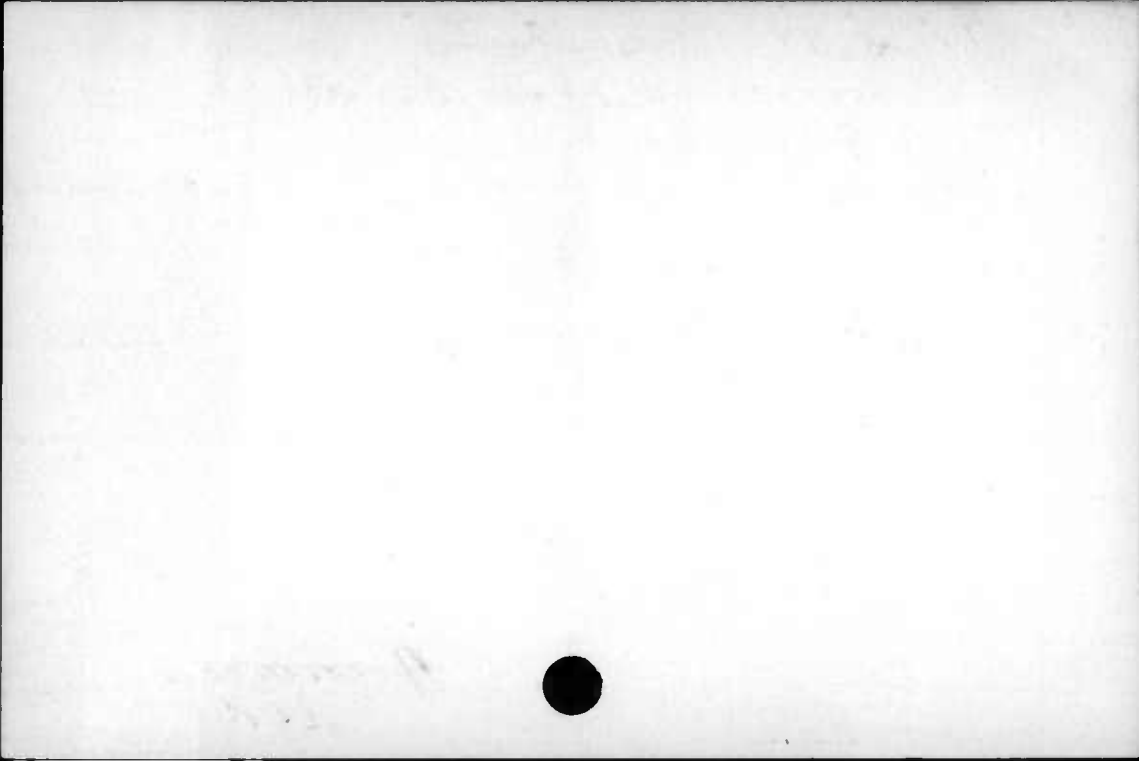
Died at <i>Wrethams</i>		Town <i>Wrethams</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>7</i>	Age <i>71</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co.</i>		<i>md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>John Harmon</i>				
Father's Name <i>John Boyer</i>			Father's Birthplace <i>At Co Md</i>				
Mother's Maiden Name <i>Julia Ann Whittle</i>			Mother's Birthplace <i>At Co Md</i>				
Name of person giving information <i>Mrs Walter Phelps</i>			How related to deceased <i>Niece</i>				

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Pleurosis & arrhythmia</i>	How long	<i>4 days</i>
Immediate	<i>A Fall from window</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. R. Winslow M.D.</i>	
Yes		Address <i>Harmon</i>	
Accident <i>Yes</i>		<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

William Johnson
Town Annapolis County Anne Arundel MARYLAND

Died at
Date of death 1907 July 23 Age 10 Months Days

Sex Male Color or Race Colored Birth place Baltimore

Occupation Ragon Driver Where Residing if not at place of death Annapolis

Single, Widowed Single Name of Wife or Husband

Father's Name Richard Johnson Father's Birthplace Baltimore

Mother's Maiden Name Mary Johnson Mother's Birthplace "

Name of person giving information Mrs E. Jones How related to deceased friend

CAUSES OF DEATH

Primary accident Drowning 173 How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of

Address

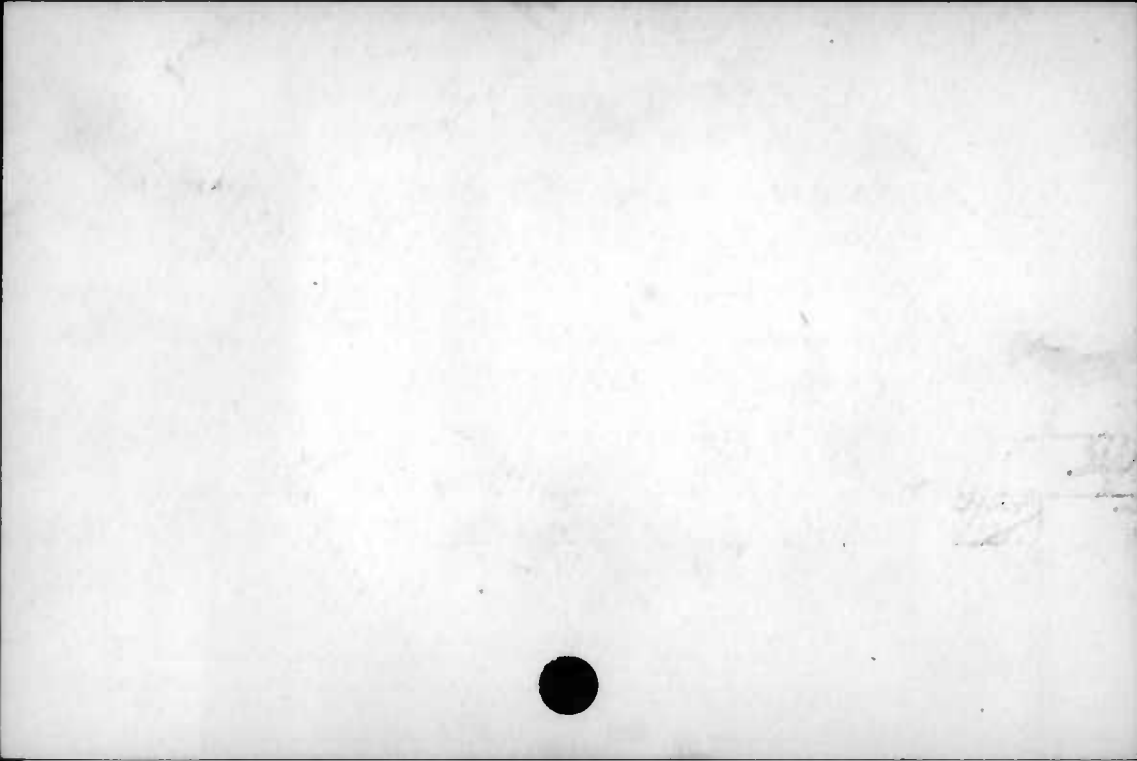
John W. Davis
Coroner
Annapolis

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

7, 23



Name in Full

Certificate of Death

Wladislaus Kotus

Town

County

Died at

Hanover Md Co

MARYLAND

Date 1897 7 4 Age 2-11- Balto. Occupation

Male White ~~M~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband

Wife

Father's

Name

Joseph Kotus

Mother's

Name

Josephine Dabel

Cause of

Primary

Scarlet fever

How long sick

3 days to my knowledge

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Thos. P. Benson M.D.

Address

Hanover Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

2 Transcripts July 6th 1907

Name
in
Full

CERTIFICATE OF DEATH

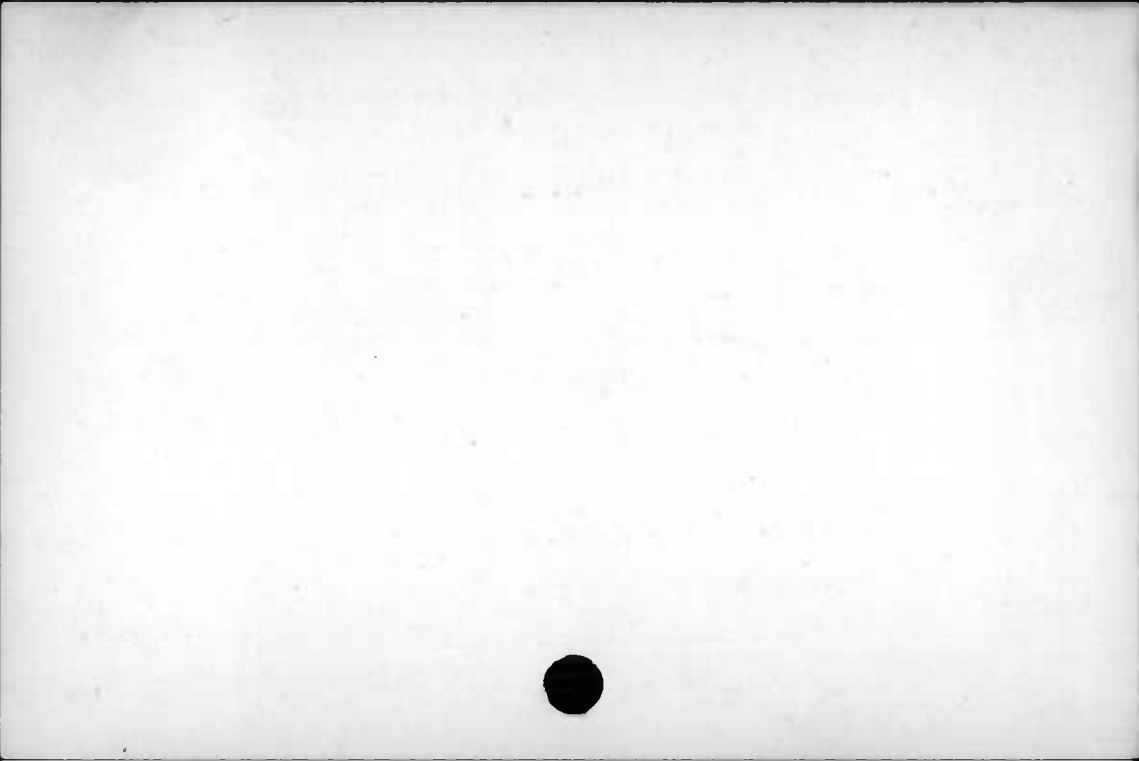
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <u>Joseph A. Lee</u>		County <u>Anne Arundel</u>		MARYLAND	
Died at <u>South River</u>		Town <u>South River</u>		Days	
Date of death <u>1907</u>		Month <u>July</u>		Day <u>18</u>	
Age <u>63</u>		Years <u>63</u>		Months <u>2</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Anne Arundel Co.</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Rebecca Purdy</u>			
Father's Name <u>Joseph Lee</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Elizabeth Harrison</u>		Mother's Birthplace <u>A.A. Co. Md.</u>			
Name of person giving information <u>Rebecca Lee</u>		How related to deceased <u>wife</u>			

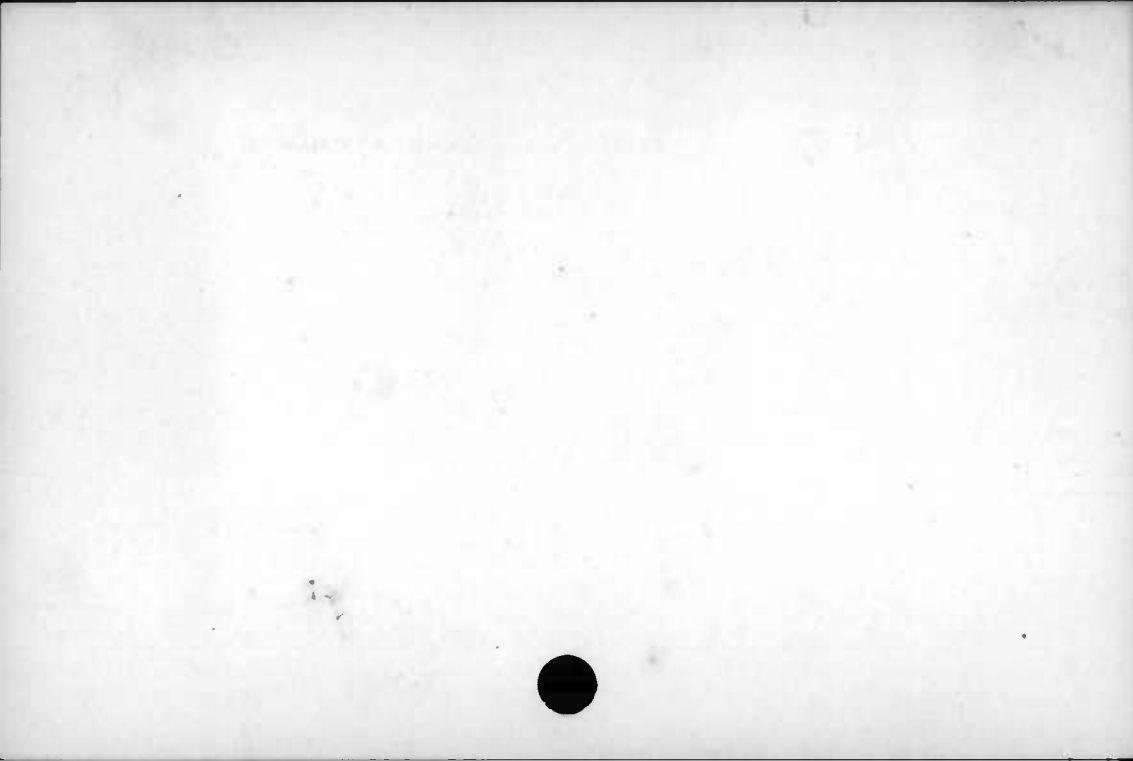
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Phthisis</u>	<u>(27)</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Collinson</u>	Address <u>South River</u>
Accident or Suicide?		<u>Md</u>



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Tcwn <i>Armiger P. O</i>		County <i>3rd dist. Anne Arundel</i>		
		Died at <i>Armiger P. O</i>		MARYLAND		
		Date of death <i>1907</i>	Month <i>July</i>	Day <i>12</i>	Age <i>3</i>	Years <i>12</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>A. A. Co</i>		
		Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
		Father's Name <i>John Lewis</i>		Father's Birthplace <i>Ohio</i>		
Mother's Maiden Name <i>Ethel Maupin</i>		Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>John Lewis</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Cholera Infantum</i>		How long <i>105</i> <i>One week</i>		
		immediate <i>Spasms</i>		How long <i>Immediate</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Billingsley MD</i>		
				Address <i>Armiger</i>		
		Accident or Suicide? <i>No</i>		<i>Ma</i>		



Name

in
Full

Boare & Long

CERTIFICATE OF DEATH

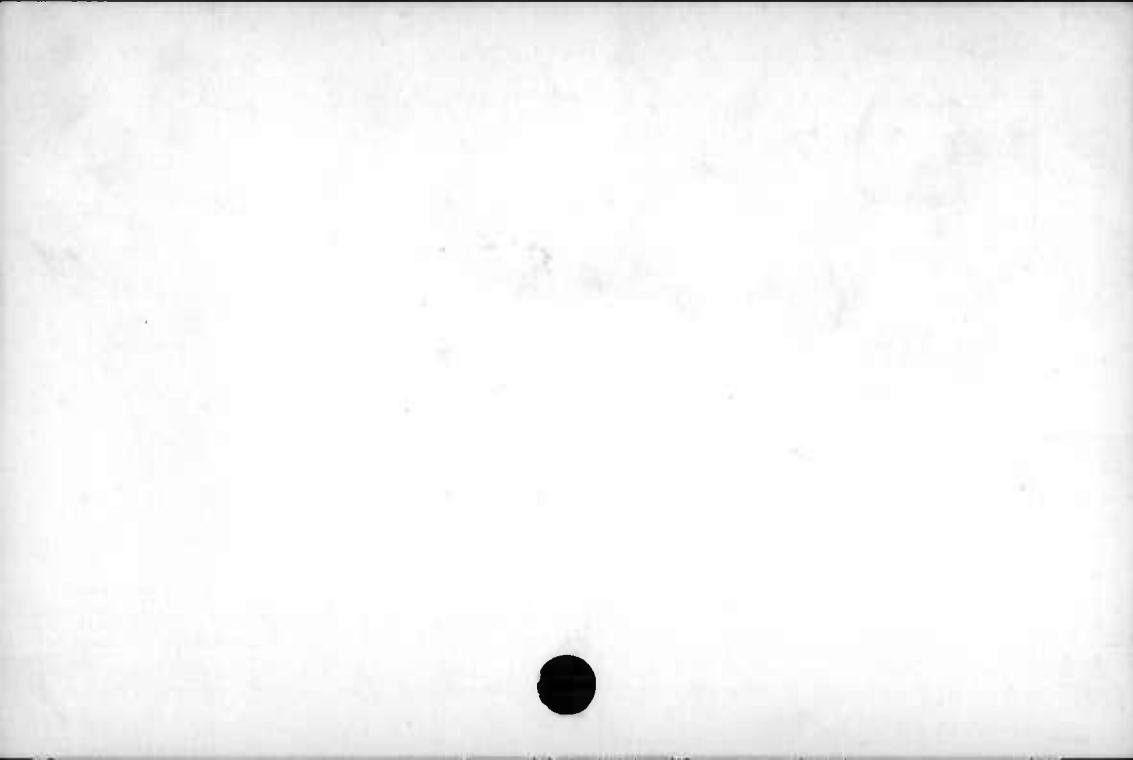
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dorsey's</i>		Town		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1907	Month	7	Day	13	Age	X
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birthplace	<i>Ma</i>
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	<i>-</i>		Name of Wife or Husband				
Father's Name	<i>Alfred Long</i>				Father's Birthplace	<i>Ma</i>	
Mother's Maiden Name	<i>Lillian Butler</i>				Mother's Birthplace	<i>Ma</i>	
Name of person giving information	<i>Alfred Long</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Concussion</i>	<i>(71)</i>	How long	<i>1 day</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Harrison Fanning</i>		
<i>yes</i>		Address <i>Elk Ridge Ma</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

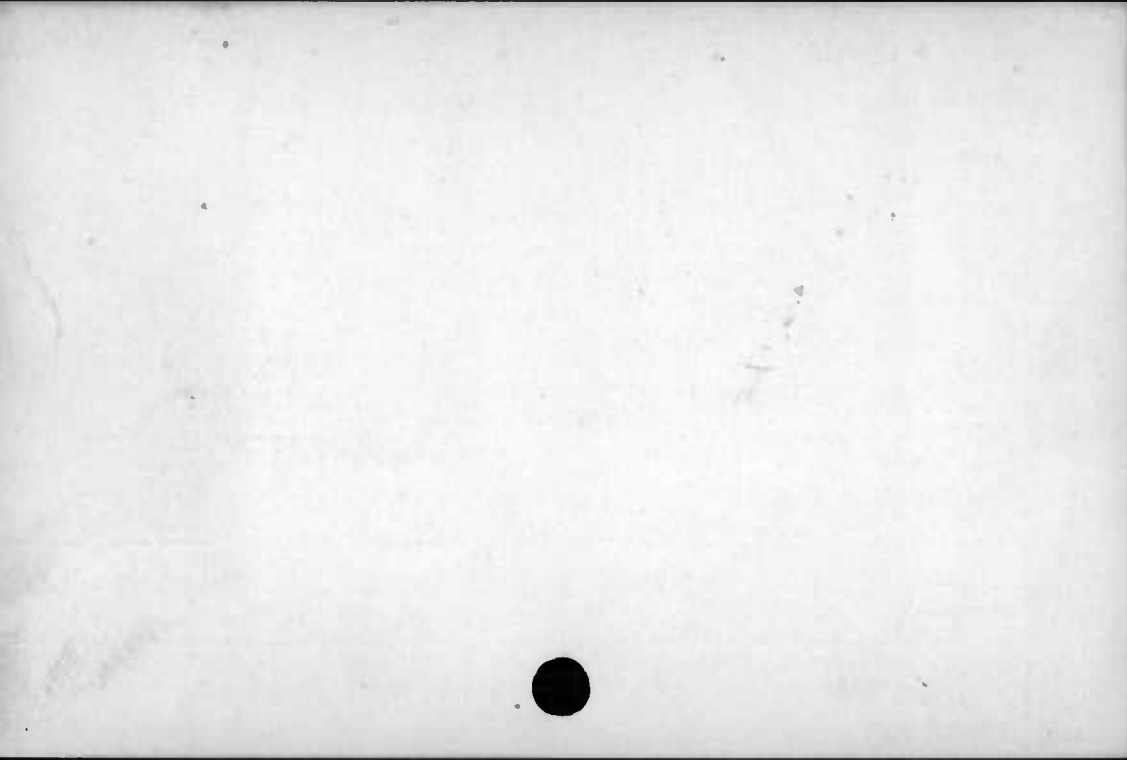
Theodore Miles

Died at		Town Annapolis		County Annapondale		MARYLAND	
Date of death		1907	Month July	Day 8	Age —	Years 5	Months —
Sex Male		Color or Race Colored		Birth- place Annapolis			
Occupation —				Where Residing if not at place of death 42 Present St.			
Married, Single or Widowed		Single		Name of Wife or Husband Mary Hall			
Father's Name		John Miles		Father's Birthplace		Unknown	
Mother's Maiden Name		Mary Hall		Mother's Birthplace		Lothian a.a. Co.	
Name of person giving In formation		Mary Hall		How related to deceased		Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	19 Months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout, M.D.	
		Address Annapolis Md	
Accident or Suicide?			



Name
in
Full

Bessie Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

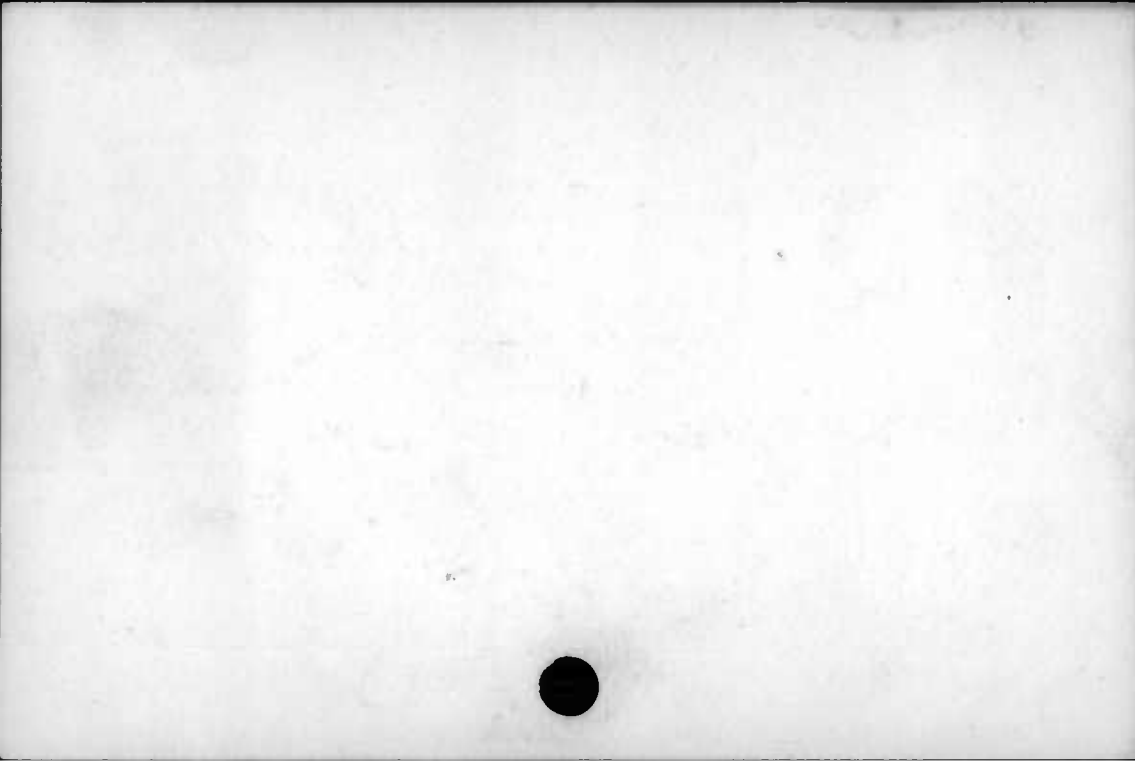
Died at <u>Annapolis</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	190 <u>July</u> ^{Month}	<u>10</u> ^{Day}	Age <u>26</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Annapolis</u>			
Occupation <u>Domestic</u>	Where Residing if not at place of death <u>83 N. West St</u>				
Married, Single <u>Married</u>	Name of Wife or Husband <u>George Miller</u>				
Father's Name <u>William Richardson</u>	Father's Birthplace <u>Annapolis</u>				
Mother's Maiden Name <u>Margaret Hackett</u>	Mother's Birthplace <u>Annapolis</u>				
Name of person giving information <u>George Miller</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonic Tuberculosis</u>	How long <u>6 Months</u>
Immediate	<u>Hemorrhage (Pulmonic)</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>P. P. Keckel</u>
		Address <u>Cathedral St</u> <u>Annapolis, Md.</u>
Accident or Suicide?		



Name
in
Full

Thom T Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Eastport* ^{Town} *a a* ^{County} *br* **MARYLAND**

Date of death *1907* ^{Month} *July* ^{Day} *12* ^{Age} *1* ^{Years} *4* ^{Months} *1* ^{Days}

Sex *Male* Color or Race *White* Birth-place *East Port*

Occupation *None* Where Residing if not at place of death *East Port*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Walter E. Mitchell* Father's Birthplace *Annapolis*

Mother's Maiden Name *Susan E. Finkle* Mother's Birthplace *Annapolis*

Name of person giving information *Walter E. Mitchell* How related to deceased *Father*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

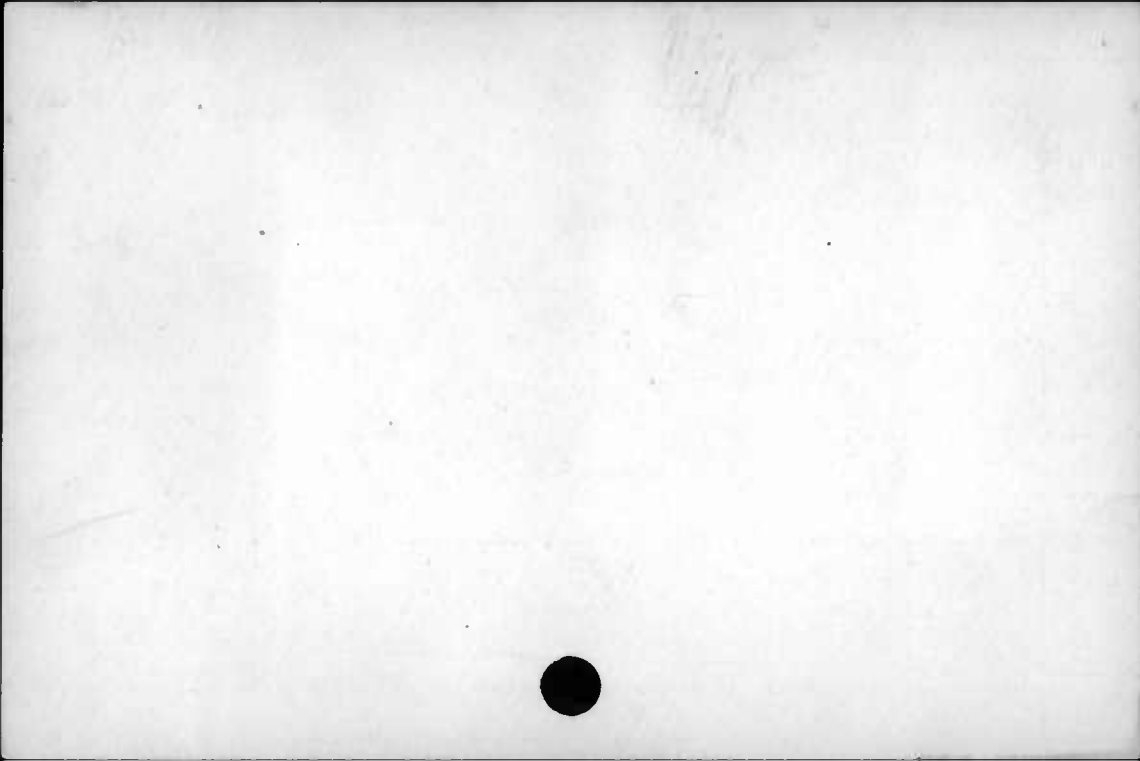
Primary *Broncho-Pneumonia* How long *one week*

Immediate *Exhaustion* How long *one day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Louis B. Henslee Jr.*

Address *Annapolis, Md.*

Accident or Suicide? *neither*



Name
in
Full

William A. Mitchell

CERTIFICATE OF DEATH

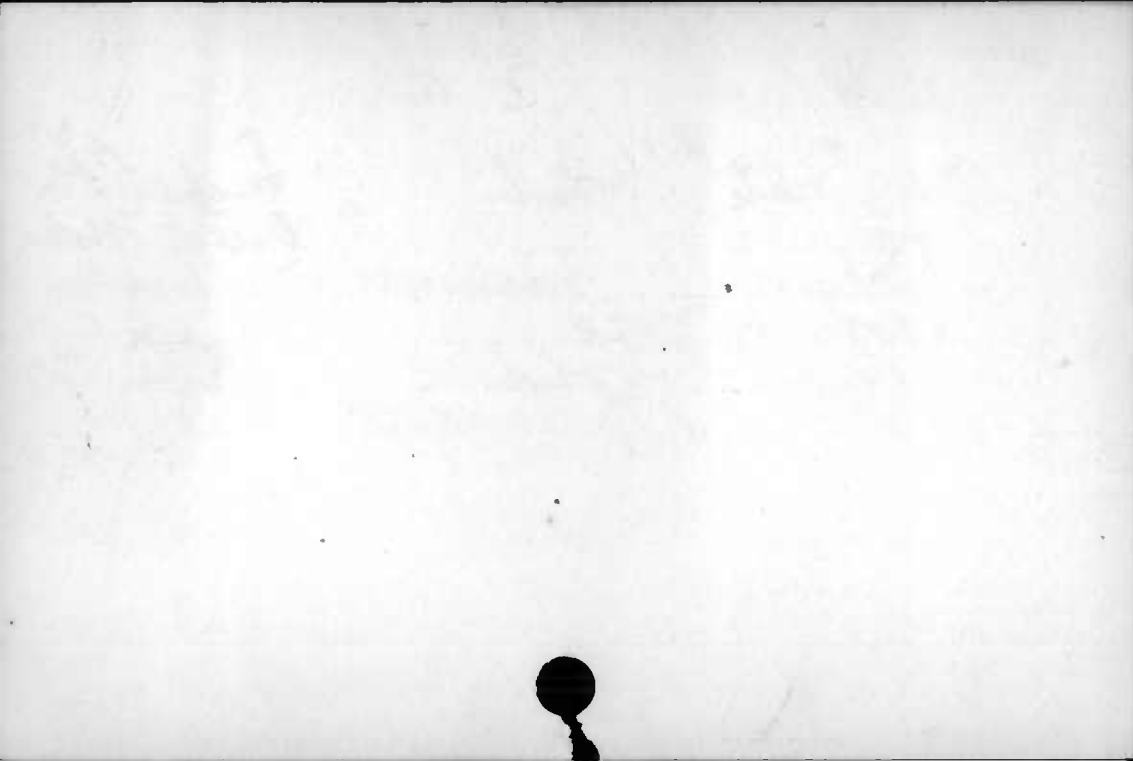
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County A. A. Co		MARYLAND	
Date of death		1907	Month July	Day 4	Age 76	Years 5	Months Days
Sex	Male Male	Color or Race	White		Birth-place	Maryland	
Occupation	Watman		Where Residing if not at place of death		14 Randle St		
Married, Single or Widowed	Married	Name of Wife or Husband	Annah Rebecca Mitchell				
Father's Name	Ezekiel Mitchell		Father's Birthplace	Maryland			
Mother's Maiden Name	Jesone Duryland		Mother's Birthplace	Maryland			
Name of person giving information	Annah R. Mitchell		How related to deceased	Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	120	40-5 years
Immediate	Uraemia	How long	4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Parous		
		Address Annapolis, Md.		
Accident or Suicide?		Yes		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Scotland A. D.

MARYLAND

Date

of death 1907

Month

July

Day

28

Age

Years

74

Months

8

Days

29

Sex

Male

Color or
Race

white

Birth-
place

Lacrosse Pk.

Occupation

farmer

Where Residing if not
at place of death

A. A. Co. Md.

Married, Single
or Widowed

widower

Name of Wife or
Husband

Adeline S. Melnyk

Father's
Name

Robert M. M. S.

Father's
Birthplace

A. A. Co.

Mother's
Maiden Name

Ruth E. M. S.

Mother's
Birthplace

A. A. Co.

Name of person giving
In formation

Mary C. Sherman

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Nephritis

(74)

How long

2 years

Immediate

Coma

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

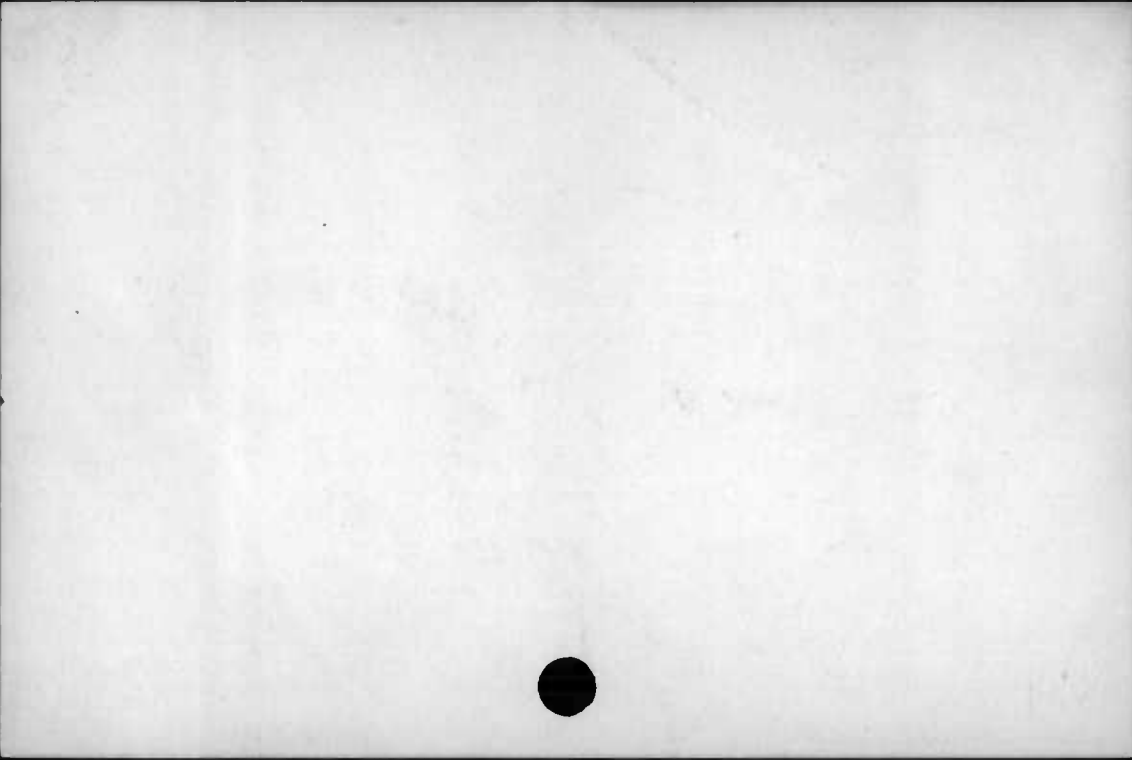
Yes

Signature of
Physician

Address

J. D. Ridout - M.D.
Annapolis Md
R. F. D. No 1

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Haughton

Town

County

MARYLAND

Died at

Month

Day

Years

Months

Days

Date

of death 1907

July

7th

Age

78

3

Sex

Female

Color or
Race

White

Birth-
place

Dublin, Ireland

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Michael Haughton

Father's
Name

John Henry

Father's
Birthplace

Ireland

Mother's
Maiden Name

Ann Kelly

Mother's
Birthplace

Ireland

Name of person giving
In formation

Mary Haughton

How related
to deceased

Daughter

CAUSES OF DEATH

79

Primary

Valvular Disease

How long

Years

Immediate

Cardiac Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

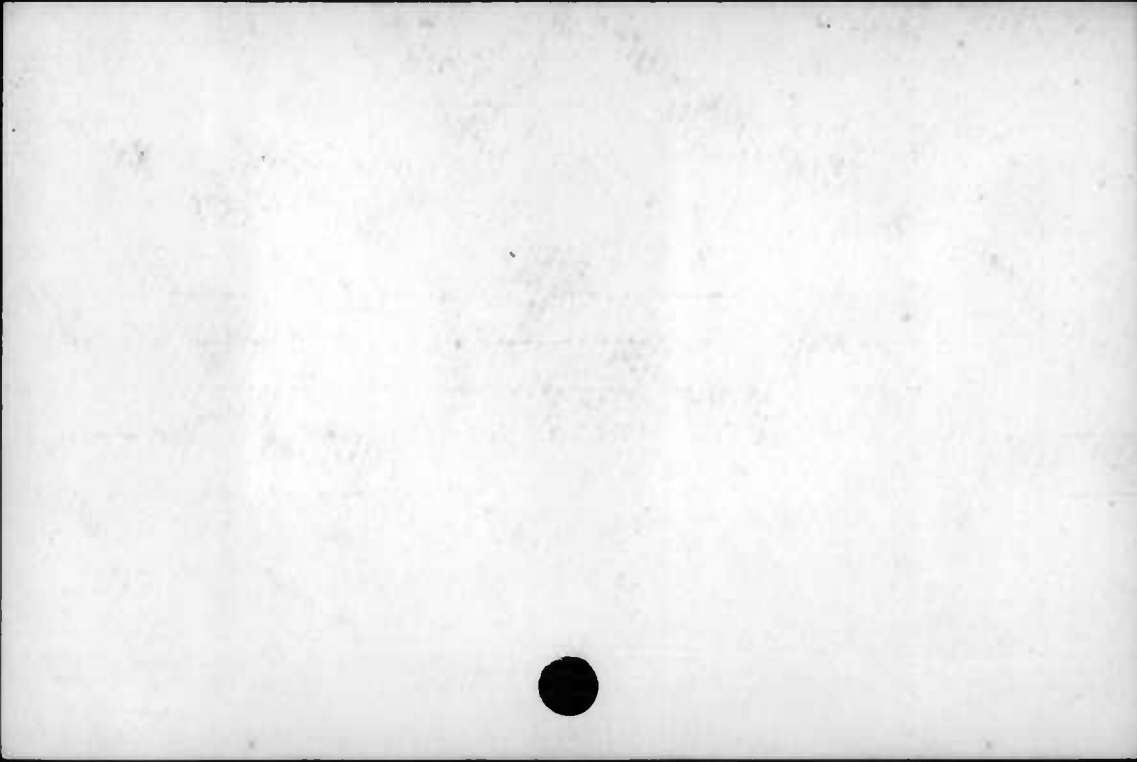
Signature of
Physician

Wm. H. Ridout

Address

Annapolis

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Laurel</i> Town		<i>A. A.</i> County			
Date of death	<i>1907</i>	Month	<i>July</i>	Day	<i>28</i>
				Age	<i>22</i>
				Years	<i>1</i>
				Months	<i>22</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Rhode Island</i>
Occupation	<i>Musician</i>		Where Residing if not at place of death <i>New Laurel</i>		
Married , Single or Widowed	<i>Yes</i>		Name of Wife or Husband <i>Marion</i>		
Father's Name	<i>Bengt. Nelson</i>			Father's Birthplace	<i>Sweden</i>
Mother's Maiden Name	<i>Anna S. Olsen</i>			Mother's Birthplace	<i>Sweden</i>
Name of person giving information	<i>Edwin Nelson</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

How long

How long

3 weeks

24 hr

J. J. Dyck
Laurel, Md.

Newport Co

1891

Name
in
Full

Franklin A. Noble.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

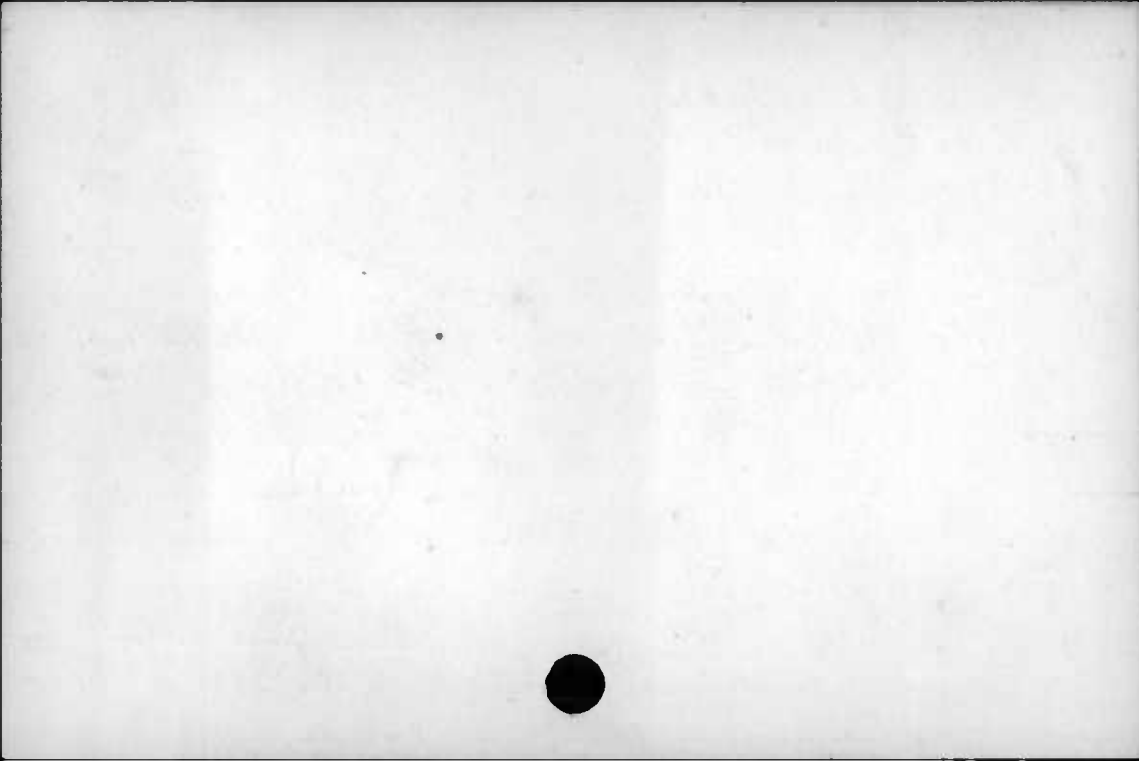
Died at <i>Round Bay.</i>		County <i>a-a. Co.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>30</i>	Age <i>62</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male.</i>	Color or Race <i>white.</i>		Birth-place <i>Md.</i>		
Occupation <i>Book Keeper.</i>		Where Residing if not at place of death <i>Round Bay.</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie R.</i>				
Father's Name <i>Jas. Noble -</i>		Father's Birthplace <i>Caroline Co. Md.</i>			
Mother's Maiden Name <i>Mary Howard -</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>T. B. Athey.</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Apoplexy.</i>	How long <i>—</i>
Immediate <i>& Diabetes mellitus.</i>	How long <i>4 years.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. E. Fournadi.</i>
	Address <i>609 W. Franklin St. Balto. Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Shady Side

Town

A A

County

MARYLAND

Date

1907

Month

July

Day

23

Age

Years

1

Months

4

Days

14

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Jm. G. Howell

Father's
Birthplace

Md

Mother's
Maiden Name

Annie E. Hartge

Mother's
Birthplace

Md

Name of person giving
in formation

Jm. G. Howell

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Gastro enterocolitis

How long

1 week

Immediate

Emunction

How long

10 hours

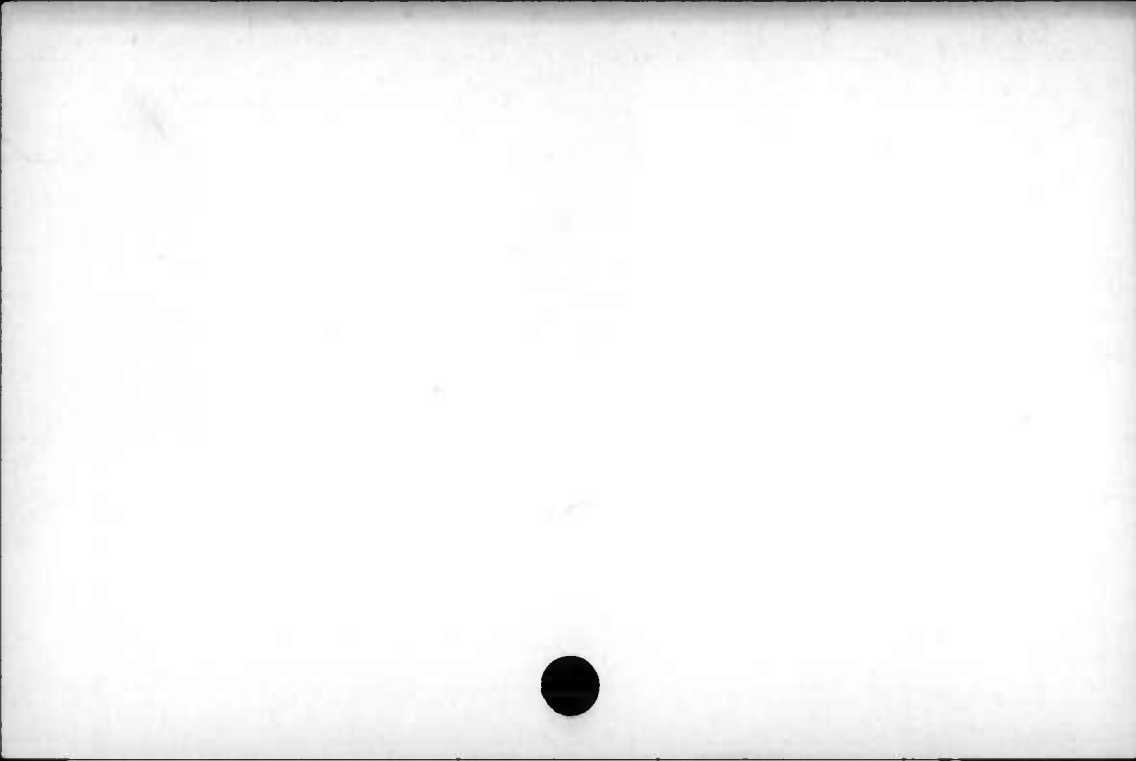
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Geo. T. Hunt

Address

Churchton

Accident or Suicide?



Name
in
Full

William Olszewski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

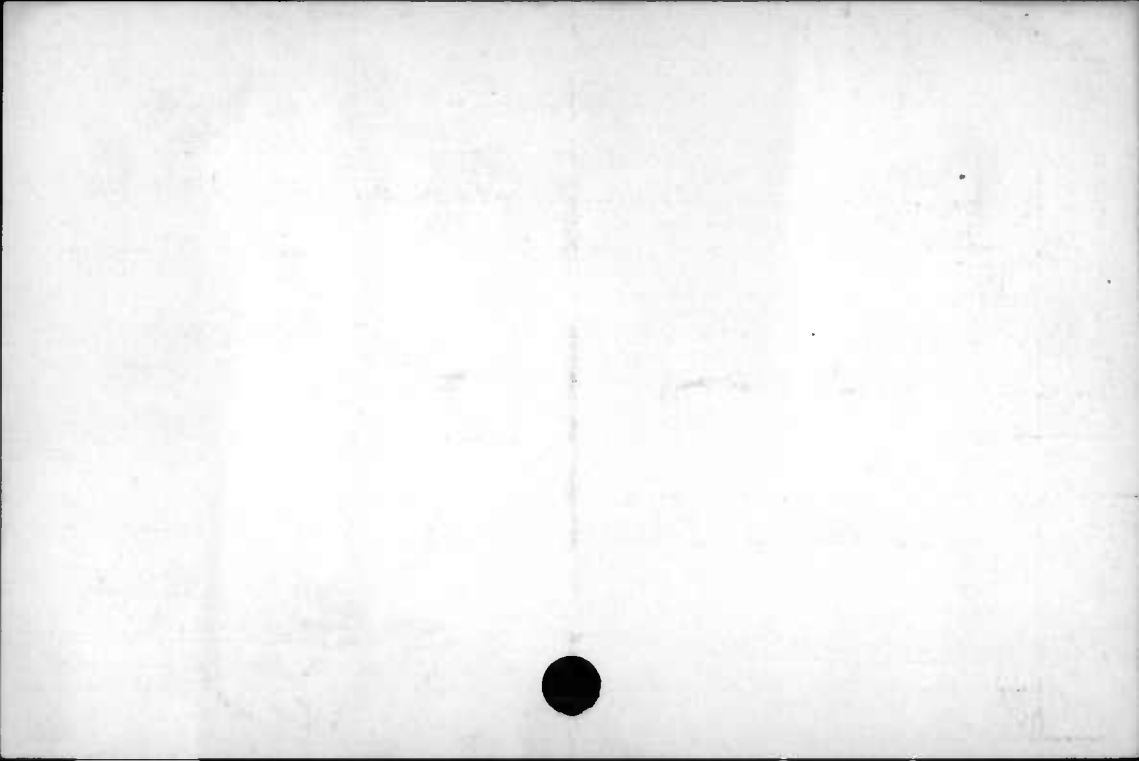
Died at		East Brooklyn		AA		County		MARYLAND	
Date of death		1907	Month	July	Day	28	Age	Years	Months
								5	
Sex		Male		Color or Race		White		Birth-place	
								Md	
Occupation		None		Where Residing if not at place of death		E Brooklyn			
Married, Single or Widowed		Infant		Name of Wife or Husband					
Father's Name		John Olszewski		Father's Birthplace		Poland			
Mother's Maiden Name		Stanislaw Puruleski		Mother's Birthplace		Poland			
Name of person giving information		John Olszewski		How related to deceased		Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Hazel, H Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

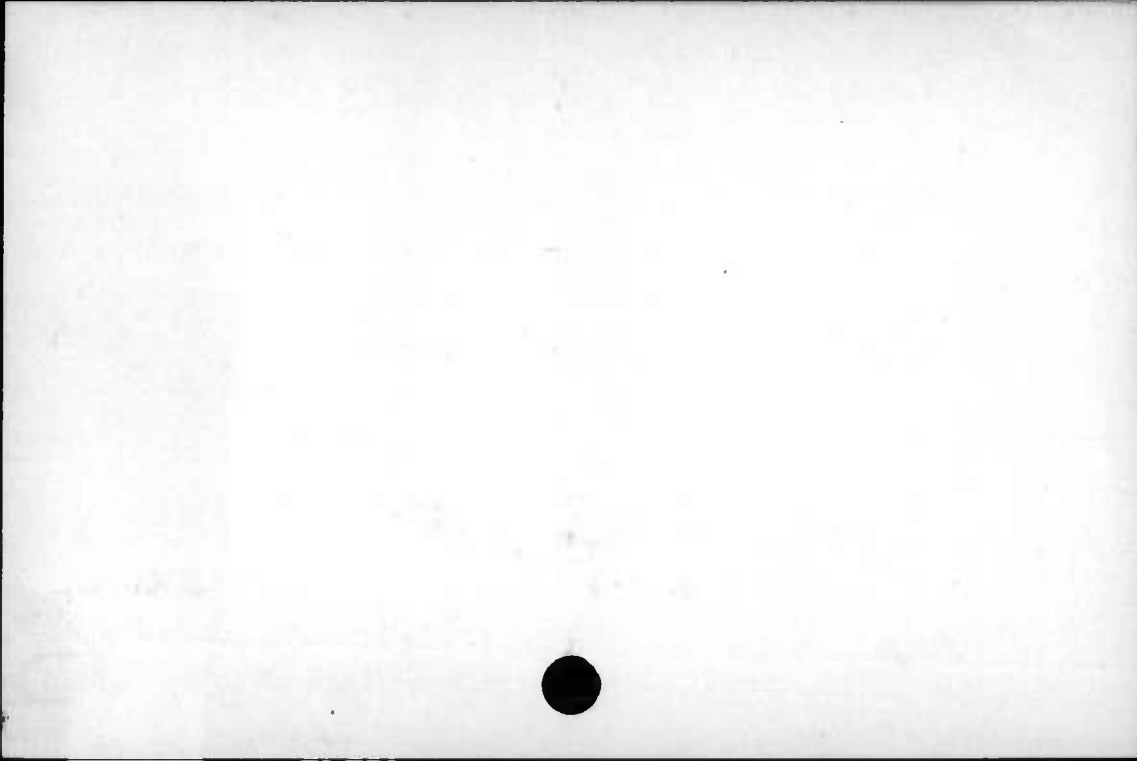
Died at <u>Hannan</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>July</u> Day	<u>20</u> Age	<u>1</u> Years	<u>5</u> Months — <u>10</u> Days
Sex	<u>Female</u>	Color or Race	<u>Caucasian</u>	Birth-place	<u>Anne Arundel, Md</u>
Occupation	<u>None</u>		Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Clinton Parker</u>			Father's Birthplace <u>Atco Md</u>		
Mother's Maiden Name <u>Lanthe Briggs</u>			Mother's Birthplace <u>Atco Md</u>		
Name of person giving information <u>Clinton Parker</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	<u>Chorea Infantum</u>	How long	<u>3 weeks</u>
Immediate	<u>Convulsions</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>C R Winterson Md</u>	
		Address <u>Hanover Md</u>	
Accident or Suicide?			



Name
in
Full

Helen Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>A.A.</u> ^{County}		<u>Co.</u>		MARYLAND	
Date of death <u>1907</u> ^{Month}		<u>July</u> ^{Day}		<u>24</u> ^{Years}		<u>6</u> ^{Months}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Annapolis</u>			
Occupation <u>unknown</u>		Where Residing if not at place of death <u>Chestnut St</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>unknown</u>					
Father's Name <u>Sam Parker</u>		Father's Birthplace <u>Annapolis</u>					
Mother's Maiden Name <u>Jeannette Wiess</u>		Mother's Birthplace <u>Annapolis</u>					
Name of person giving information <u>Sam Parker</u>		How related to deceased <u>Father</u>					

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	<u>Grismus Vascantium</u>	How long	<u>Three days</u>
Immediate	<u>Exhaustion</u>	How long	<u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>John Ridout M.D.</u>	
		Address <u>Annapolis</u>	
		<u>MD</u>	
Accident or Suicide?			



Name
in
Full

Harry Clarence Phinney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Annapolis^{County} Anne ArundelDate ^{July 12}
of death 1907^{Month} July^{Day} 12^{Years} Age 16^{Months} 7^{Days} 20

Sex male

Color or Race white.

Birth-place Manchester, N.H.

Occupation midshipman U.S.N. Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
in formation

Record or some testimony

How related
to deceased

-

CAUSES OF DEATH

Primary

Drowning

How long

-

Immediate

Asphyxiation

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Ben J. Connelley

Address

1111 1/2 Broadway
Annapolis

Accident or Suicide?

Accident



Name
in
Full

CERTIFICATE OF DEATH

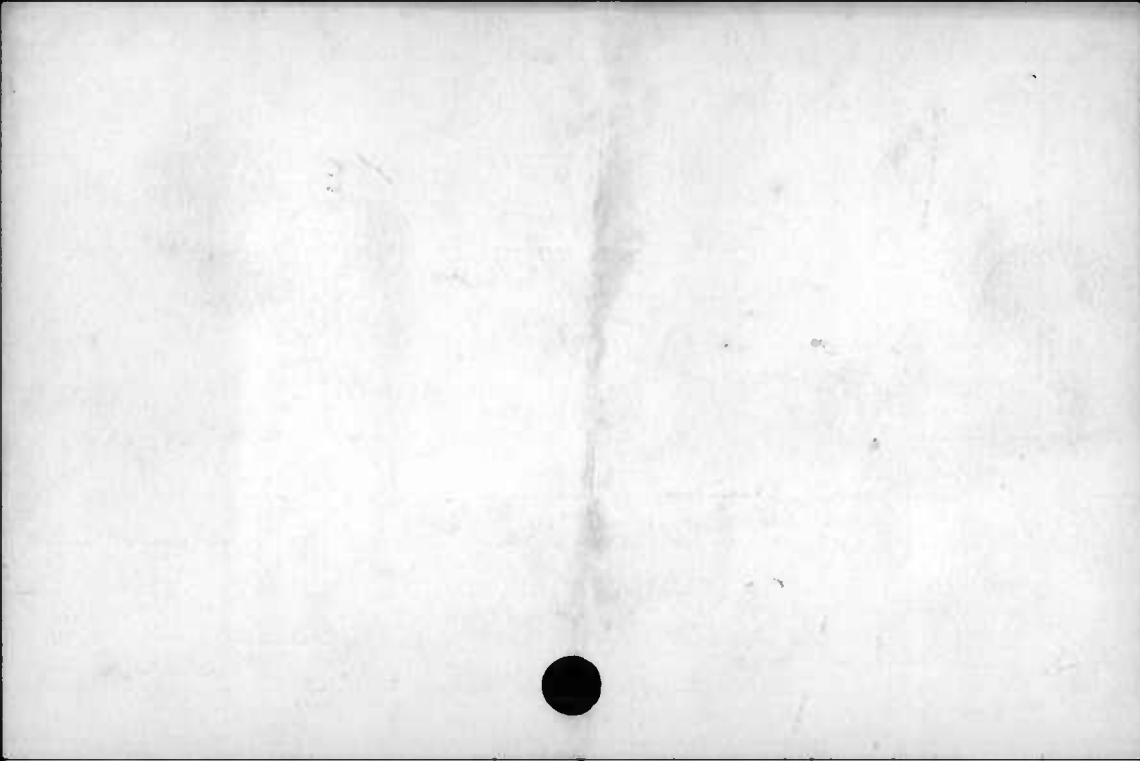
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Curtis Bay</i>		Town		County <i>ca</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>17</i>	Age <i>-</i>	Years <i>-</i>	Months <i>3</i>	Days <i>-</i>	
Sex <i>Male</i>	Color or Race <i>Polish</i>		Birth-place <i>Id</i>				
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>S</i>			Name of Wife or Husband <i>-</i>				
Father's Name <i>Lawrence Potoski</i>				Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>unobtained</i>				Mother's Birthplace <i>Austria</i>			
Name of person giving information <i>unobtained</i>				How related to deceased <i>-</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Toxic Enteritis</i>	How long <i>3 days</i>
Immediate <i>Severe infantum</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. J. Ford D.D.</i>
	Address <i>Curtis Bay</i>
Accident or Suicide? <i>-</i>	<i>and</i>



Name

in
Full

CERTIFICATE OF DEATH

John Wesley Prout

Town

County

Died at

Annapolis

A.A. Co

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 July

4

Age

60

Sex

Male

Color or
Race

Colored

Birth-
place

West River

Occupation

Farmer

Where Residing if not
at place of death

Barbours Row

Married, Single
or Widowed

Married

Name of Wife or
Husband

Marley Prout

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

William Chew

How related
to deceased

step son

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

Months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John Ridout, M.D.

Address

Annapolis
Md

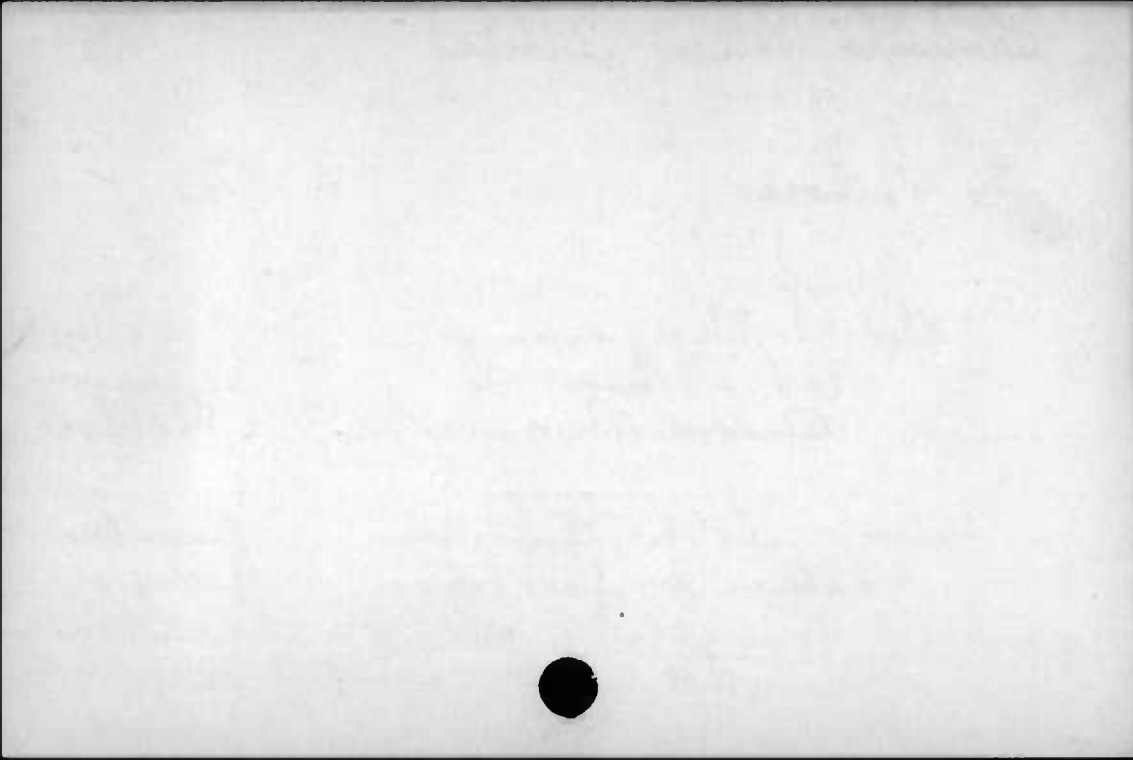
Accident or Suicide?

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

OR CORONER



Name
in
Full

Annie Rhogannic

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

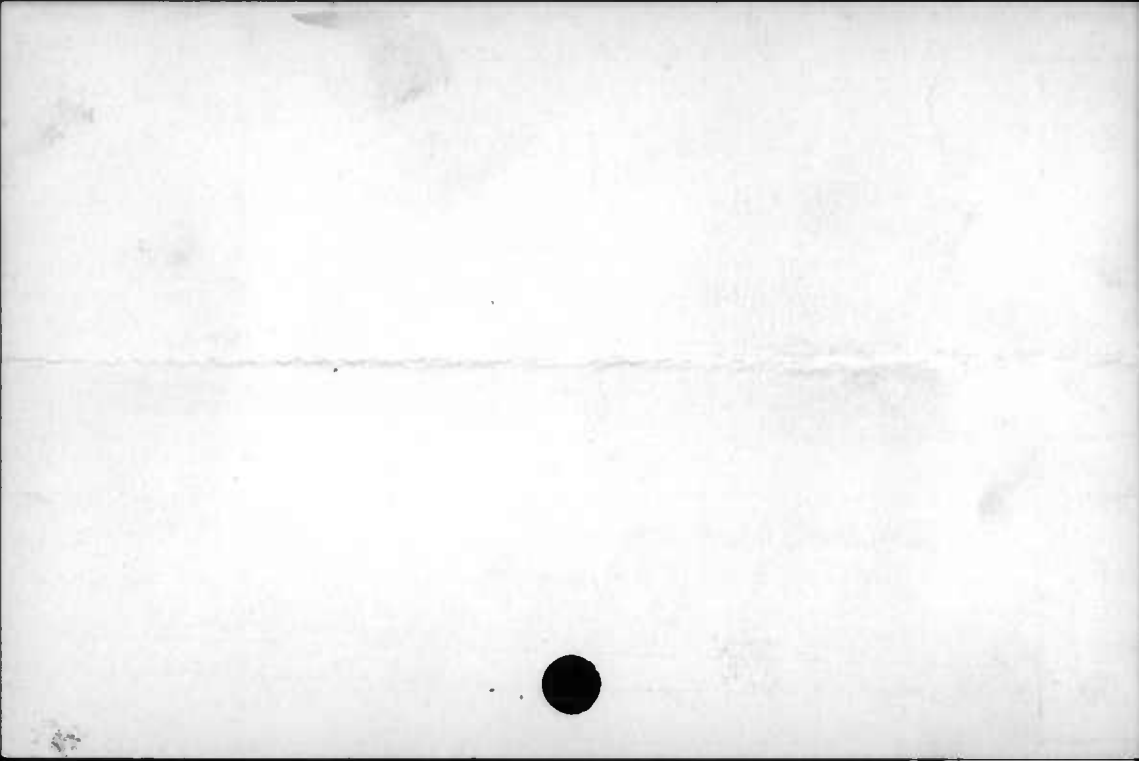
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	23			6	
Sex	Female		Color or Race	W		Birth-place	Ind.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Vladimir Rhogannic					Father's Birthplace	Russia
Mother's Maiden Name	Not obtained					Mother's Birthplace	Russia
Name of person giving information	Annie Rhogannic					How related to deceased	Mother

CAUSES OF DEATH

103-

PHYSICIAN
OR CORONER

Primary	Acute Infective Enteritis		How long	1 week
Immediate	cholera Infantum		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Wm. D. Scott M.D.
			Address	Curtis Gay aa. Co. Ind.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

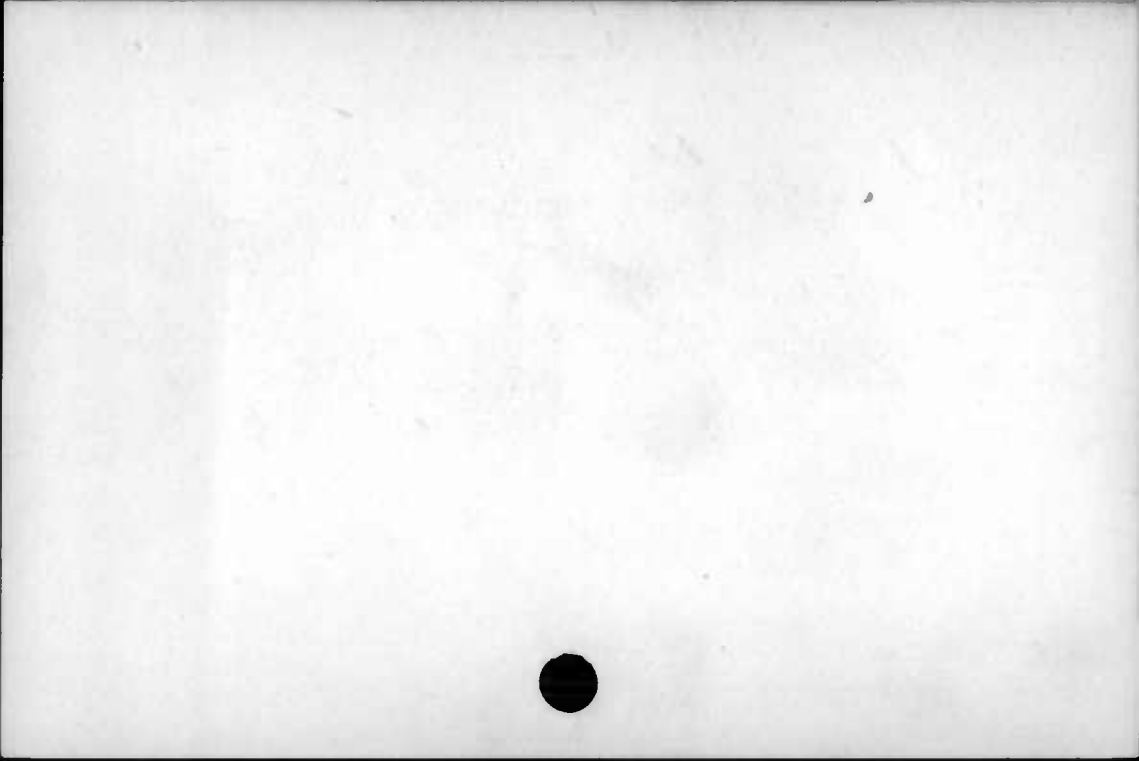
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Richardson</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Date of death 1907		Age 12		Months Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>			
Occupation <i>School girl</i>		Where Residing if not at place of death <i>317 N. Mt St.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Richardson</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Maggie Clark</i>		Mother's Birthplace					
Name of person giving information <i>Sam Clark</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 to 3 years.</i>
Immediate <i>Tubercular Meningitis</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. Thompson</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Millie O. Ridont</i>		Town <i>Annapolis</i>		County <i>Anne Arundelle</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Date of death <i>1907</i>		Age <i>50</i>		Months <i>7</i> Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>White Hall Md</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>Chase Home</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Osgood Ridont</i>		Father's Birthplace <i>White Hall Md</i>					
Mother's Maiden Name <i>Margaret Cottle</i>		Mother's Birthplace <i>Carroll Co Md</i>					
Name of person giving information <i>M. O. Ridont</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Years</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. G. Ridont</i>
	Address <i>Annapolis</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Rachel R Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Annapolis

Town

County

A A Co.

Date

Month

Day

Years

Months

Days

of death 1907

July

21

Age

—

9

1

Sex

Female

Color or
Race

White

Birth-
place

Annapolis

Occupation

None

Where Residing if not
at place of death

92 East St

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Harry C Robinson

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Mammy R Hopking

Mother's
Birthplace

Annapolis

Name of person giving
In formation

Mammy R Robinson

How related
to deceased

Mother

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera - Infantum.

How long

48 hours

Immediate

Eclampsia

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

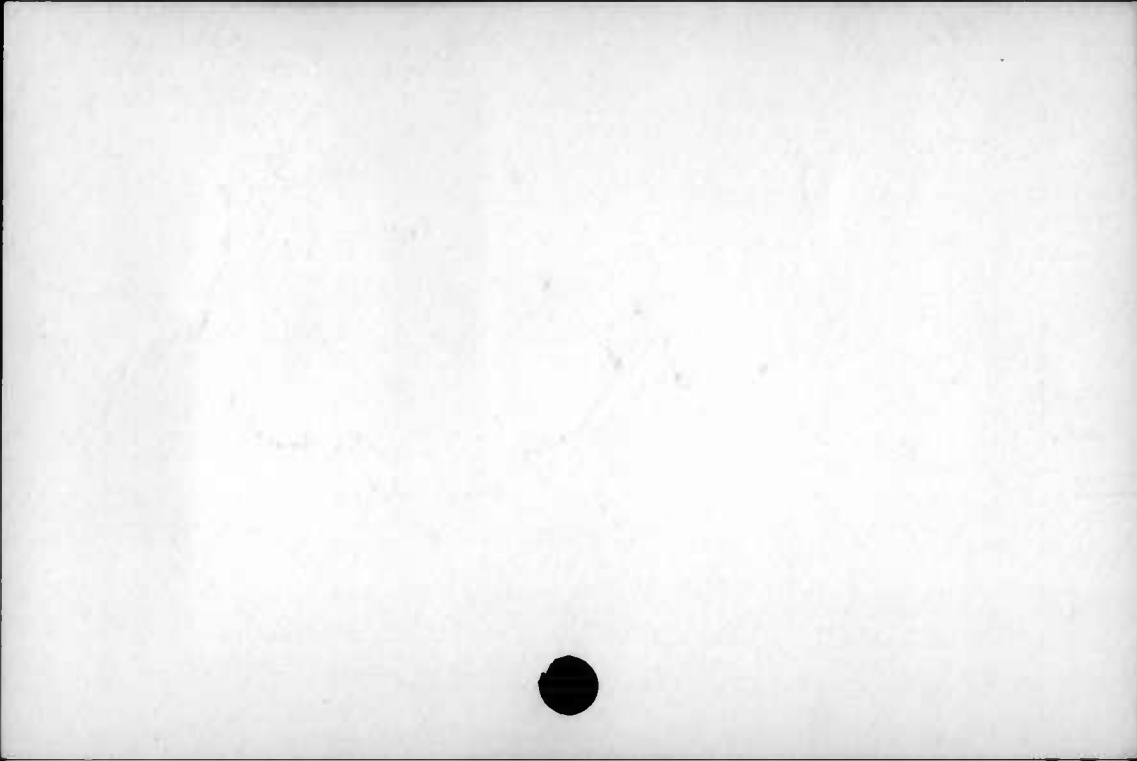
Signature of
Physician

F. H. Thompson M.D.

Address

1936 Church St.,
Annapolis, Md.

Accident or Suicide?



Name
in
Full

Rose E. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

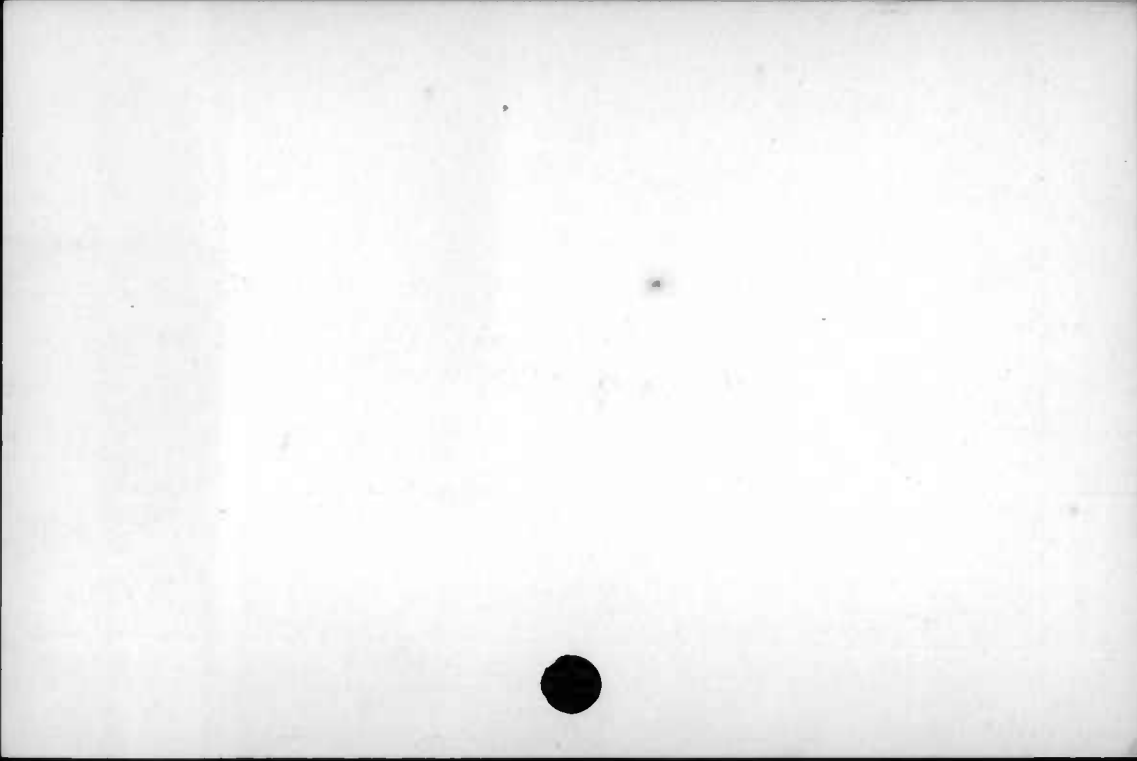
Died at <i>Annapolis</i> Town			<i>a a co</i> County			MARYLAND			
Date of death	1907	Month	July	Day	14	Age	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birthplace	<i>Baltimore</i>		
Occupation	<i>None</i>				Where Residing if not at place of death				<i>Annapolis</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>None</i>				
Father's Name	<i>George Baker</i>					Father's Birthplace	<i>Ind</i>		
Mother's Maiden Name	<i>Minnie Little</i>					Mother's Birthplace	<i>Annapolis</i>		
Name of person giving information	<i>Susan Little</i>					How related to deceased	<i>S. Mother</i>		

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Since Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John Ridout</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?			



Name
in
Full

Ann D. Shivers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

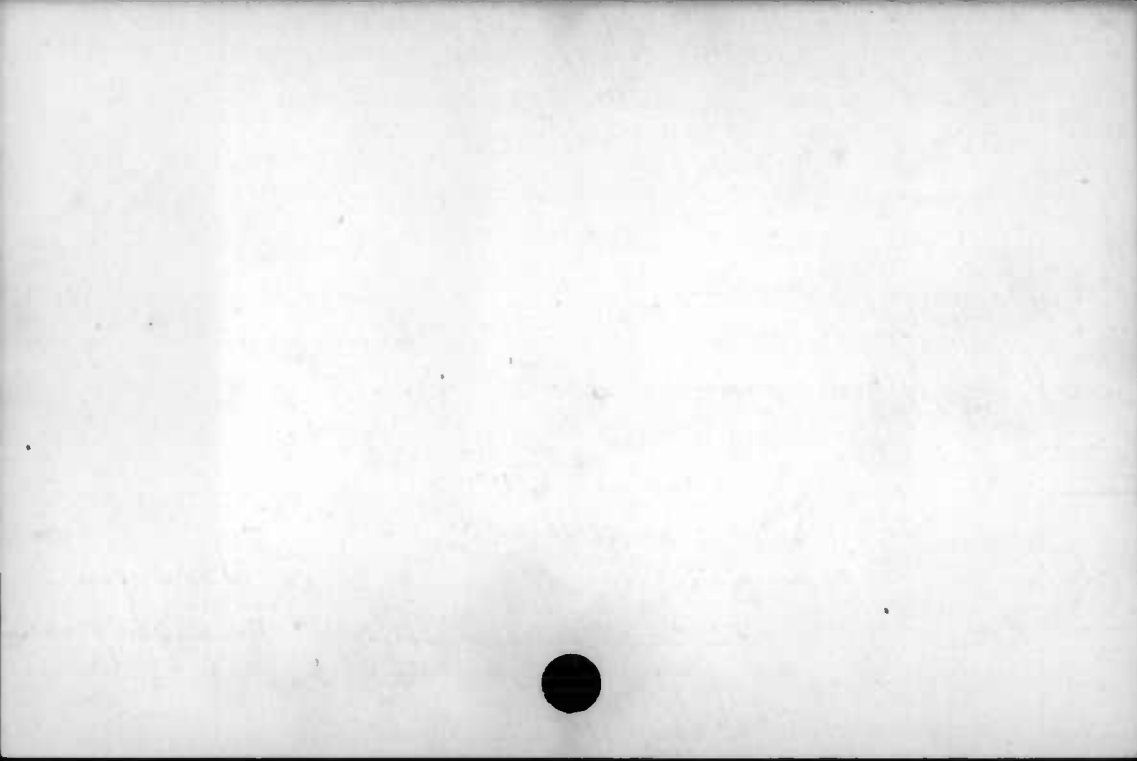
Died at <i>Annapolis</i> ^{Town}		<i>Arundel</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>July</i> ^{Month}	<i>22.</i> ^{Day}	Age <i>2.</i> ^{Years}	<i>6.</i> ^{Months}	<i>2.</i> ^{Days}
Sex <i>Female.</i>	Color or Race <i>Colord</i>	Birth-place <i>St. Marys Co.</i>			
Occupation <i>Unknown.</i>	Where Residing if not at place of death <i>Lincoln Place.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Randolph. Shivers</i>	Father's Birthplace <i>St. Marys Co.</i>				
Mother's Maiden Name <i>Rosanna Herbert</i>	Mother's Birthplace <i>St. Marys Co.</i>				
Name of person giving information <i>Rosanna Shivers</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Marasmus</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis B. Henkel</i>
Accident or Suicide? <i>Neither</i>	Address <i>Annapolis, Md.</i>



Name
in
Full

Mabel Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

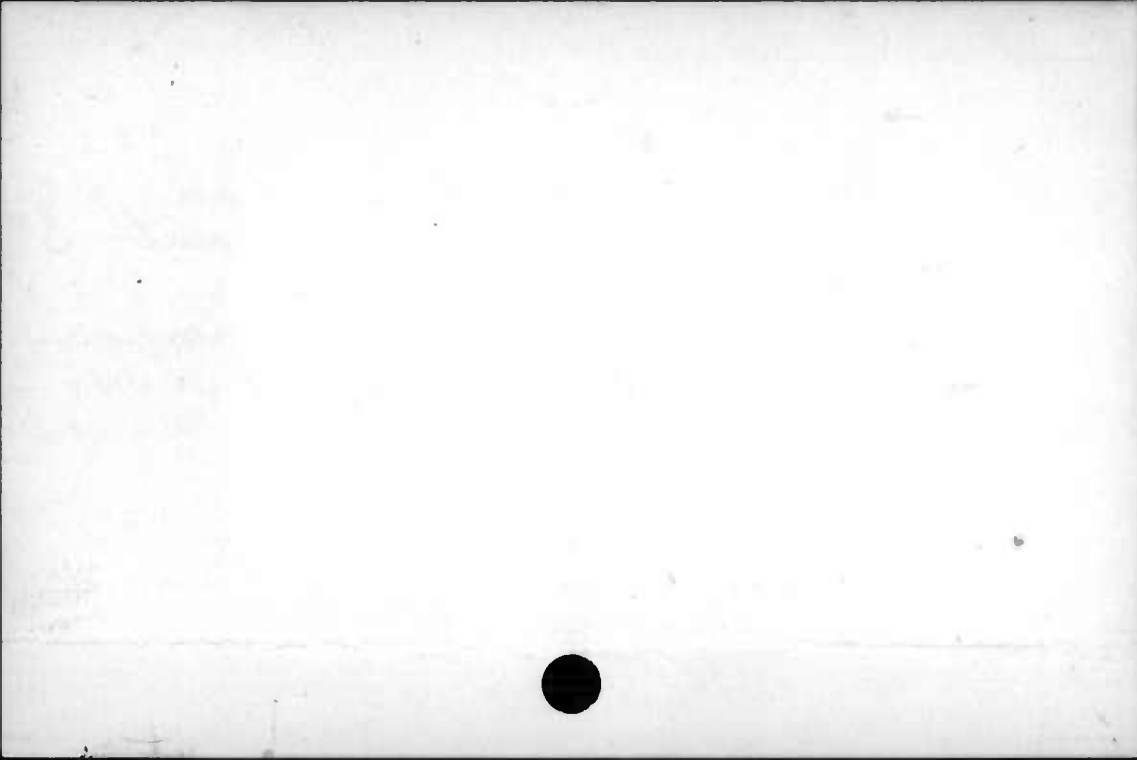
Died at <i>Solleys</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>27</i>	Age <i>9</i>	Months <i>9</i> Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>african</i>		Birth-place <i>Anne Arundel Co Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Spencer</i>			Father's Birthplace <i>Anne Arundel Co Md</i>		
Mother's Maiden Name <i>Charlotte Turner</i>			Mother's Birthplace <i>Anne Arundel Co Md</i>		
Name of person giving information <i>William Spencer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>—</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Crane</i>
	Address <i>Armidger</i>
Accident or Suicide? <i>no</i>	<i>no</i>



Name
in
Full

Edward

Stebrow

CERTIFICATE OF DEATH

Town

County

Died at

Annapolis and

A. A. Co.

MARYLAND

Date

of death 1907

Month

July

Day

26

Age

Years

Months

5

Days

Sex

Male

Color or
Race

Coloured

Birth-
place

Annapolis and

Occupation

Where Residing if not
at place of death

No. 4 Vanyan St

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Edward Stebrow

Father's
Birthplace

Prince Georges, Md

Mother's
Maiden Name

Elizabeth Chambers

Mother's
Birthplace

Prince Georges, Md

Name of person giving
Information

Edward Stebrow

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

Six days

Immediate

Exhaustion

How long

gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

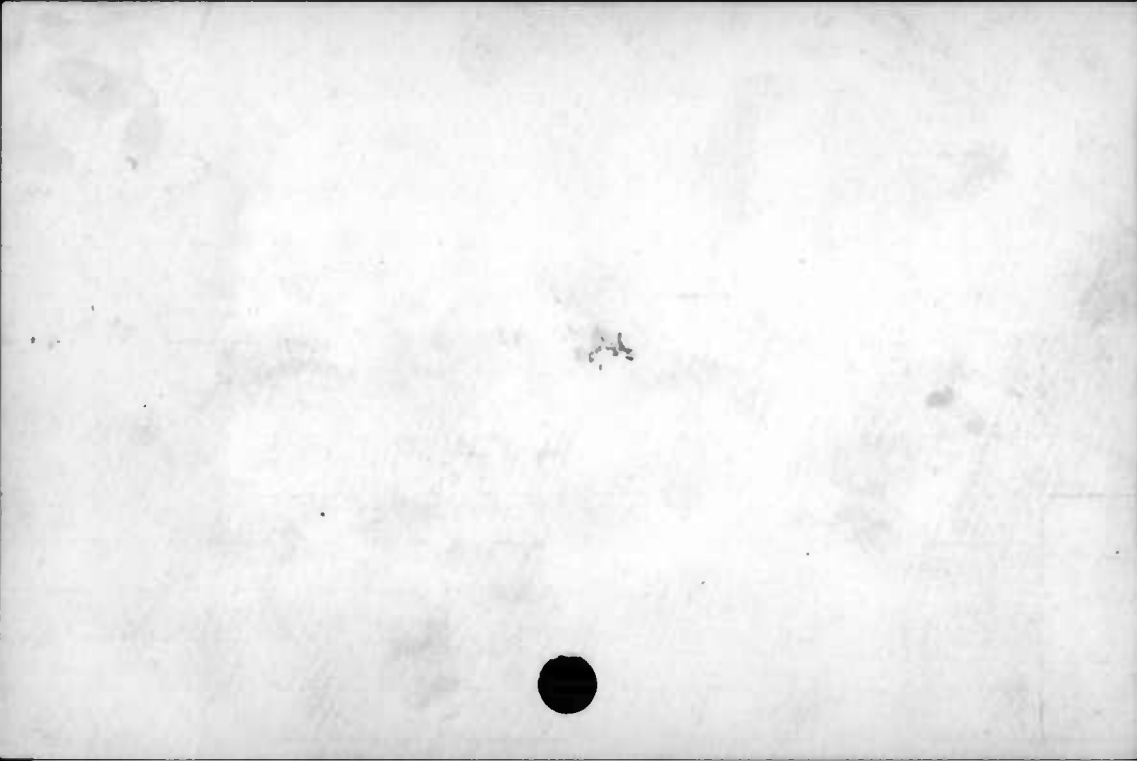
Signature of
Physician

Address

John Ridout
Annapolis, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

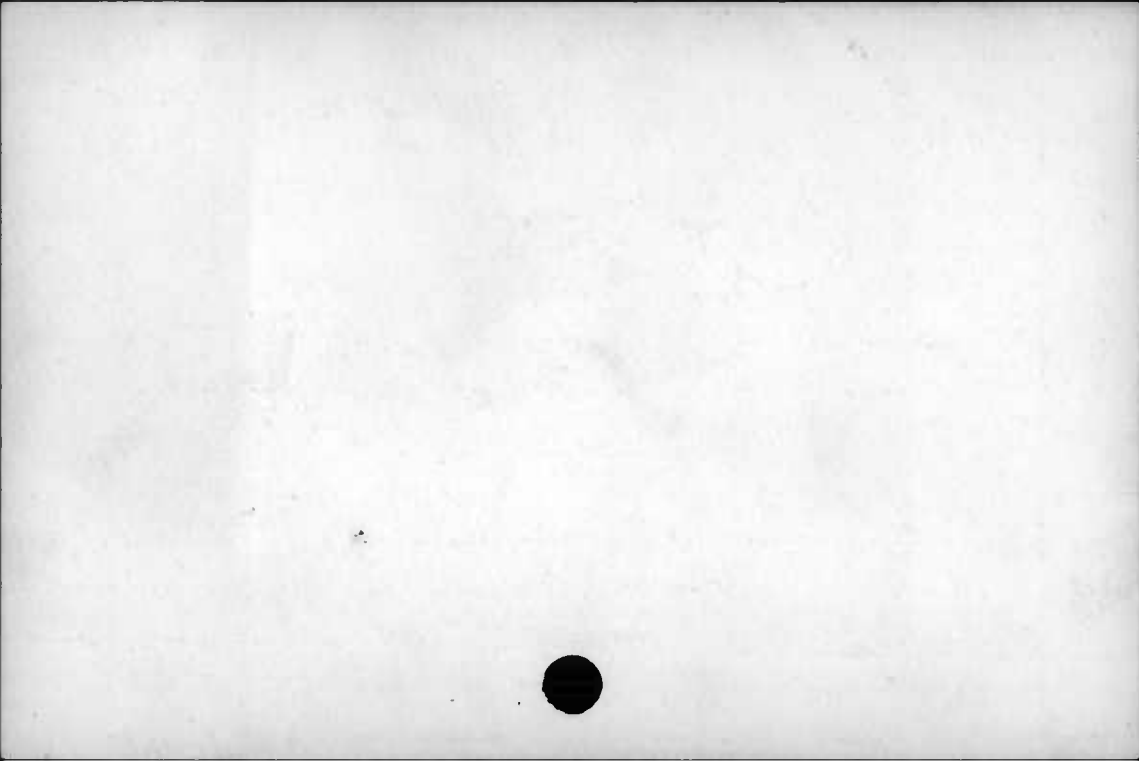
Name in Full <i>Julius Steward</i>		Town <i>Annapolis Md</i>		County <i>Co</i>		MARYLAND	
Died at <i>Annapolis Md A.A.</i>		Date of death <i>1907 July 25</i>		Age <i>—</i>		Months <i>2</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		Days <i>23</i>	
Occupation <i>unknown</i>		Where Residing if not at place of death <i>140 South St</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>Martha Steward</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Allie Davis</i>		Mother's Birthplace <i>Darlington</i>					
Name of person giving information <i>Allie Davis</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<i>congenital Louie's</i>		How long	<i>Since Birth</i>
Immediate	<i>exhaustion</i>		How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>John Ridout M.D.</i>		
		Address <i>Annapolis Md</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

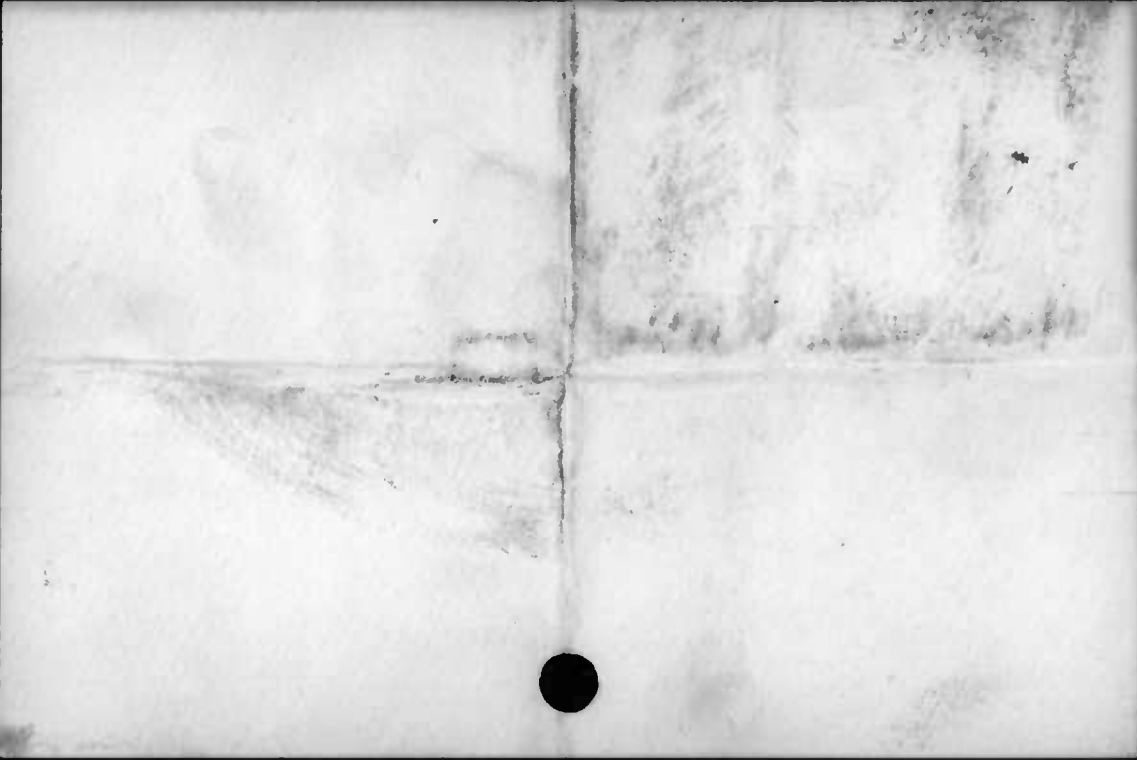
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Giuseppe Stornoli</i>		Town <i>St Margaret</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>St Margaret</i>		Month <i>July</i>		Day <i>17</i>		Years <i>35</i>	
Date of death <i>1907</i>		Months <i>July</i>		Days <i>17th</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Italy</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Washington D.C.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>L</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Thor Trainor</i>		How related to deceased <i>No Relation</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	<i>172</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Coroner Gaetano Durall</i>	Address <i>St Margaret</i>
Accident or Suicide? <i>Accident</i>		



Name in Full		Certificate of Death			
Louisa Taylor		TOWN <u>Annapolis Md</u> COUNTY <u>Geo</u>			
Died at		MARYLAND			
Date of death		Month <u>July</u> Day <u>27</u> Years <u>—</u> Months <u>—</u> Days <u>3</u>			
Sex <u>Female</u>		Color or Race <u>Colord</u>		Birth-place <u>Annapolis</u>	
Occupation <u>unknown</u>		Where Residing if not at place of death <u>Calvert St</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>unknown</u>			
Father's Name <u>Joe Taylor</u>		Father's Birthplace <u>South River Ind</u>			
Mother's Maiden Name <u>Lougenia Wells</u>		Mother's Birthplace <u>South River</u>			
Name of person giving information <u>Joe Taylor</u>		How related to deceased <u>Father</u>			
<div style="text-align: center;">CAUSES OF DEATH</div>					
Primary		<u>Premature Birth</u> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">151</div>			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
<u>yes</u>		<u>John Ridout</u> <u>Annapolis</u> <u>Md</u>			
Accident or Suicide?		Address			

4

112



Name
in
Full

The Taylor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

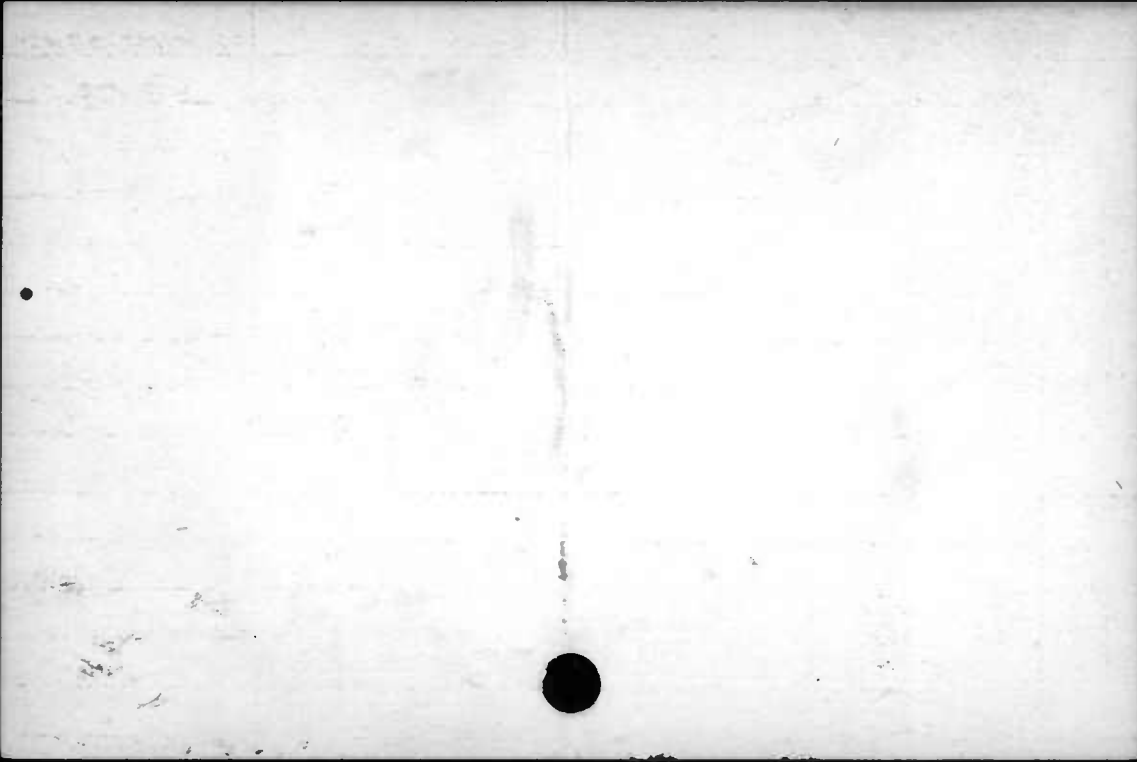
Died <i>in Brookland</i>		Town		County			
Date of death 1907		Month <i>July</i>		Day <i>7</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Frederick, Maryland</i>		Months <i>-</i>	
Occupation <i>Carver</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Taylor</i>					
Father's Name <i>Theo Taylor</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Charlotte Taylor</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>		How long <i>Four years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. H. H.</i>	
		Address <i>Brookland</i>	
Accident or Suicide?		<i>See H. H.</i>	



Name
in
Full

CERTIFICATE OF DEATH

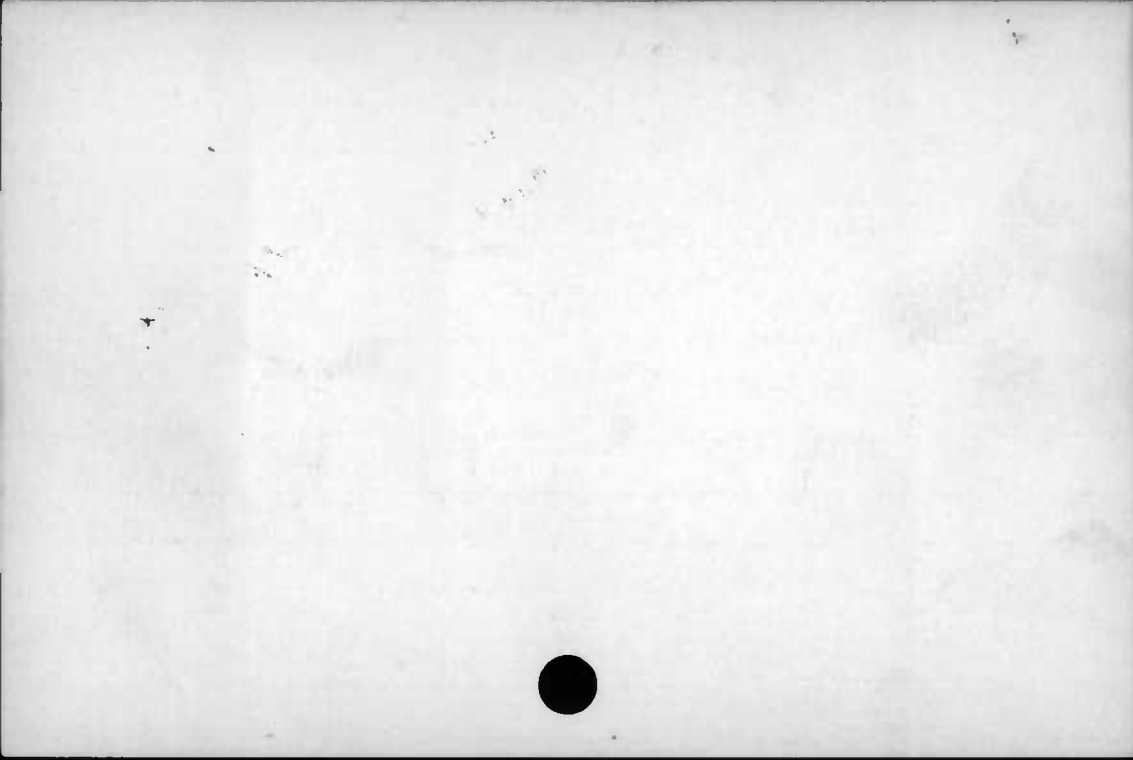
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rose A Thomas</i>		Town <i>Annapolis</i>		County <i>a a co.</i>		MARYLAND	
Died at <i>Annapolis</i>		Date of death <i>1907 July 1</i>		Age <i>6</i>		Months <i>6</i>	
Sex <i>Female</i>		Color or Race <i>Color</i>		Birth-place <i>Annapolis</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Annapolis</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Elsworth Thomas</i>		Father's Birthplace <i>Baltimore Md</i>					
Mother's Maiden Name <i>Alver Digs</i>		Mother's Birthplace <i>West River Md</i>					
Name of person giving information <i>Elsworth Thomas</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>colitis</i>	How long <i>two weeks</i>
Immediate <i>2 hours</i>	How long <i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. P. Teece</i>
	Address <i>60 Cethel St Annapolis Md.</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Annapolis

Town

County

St. Charles Co.

Date

of death 1907

Month

July

Day

31

Age

Years

68

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Unknown

Occupation

Shoemaker

Where Residing if not
at place of death

Calvert St.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

Mary Cramer

How related
to deceased

Sister

CAUSES OF DEATH

79

Primary

Chronic Endocarditis

How long

Years

Immediate

Cardiac Asthenia

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

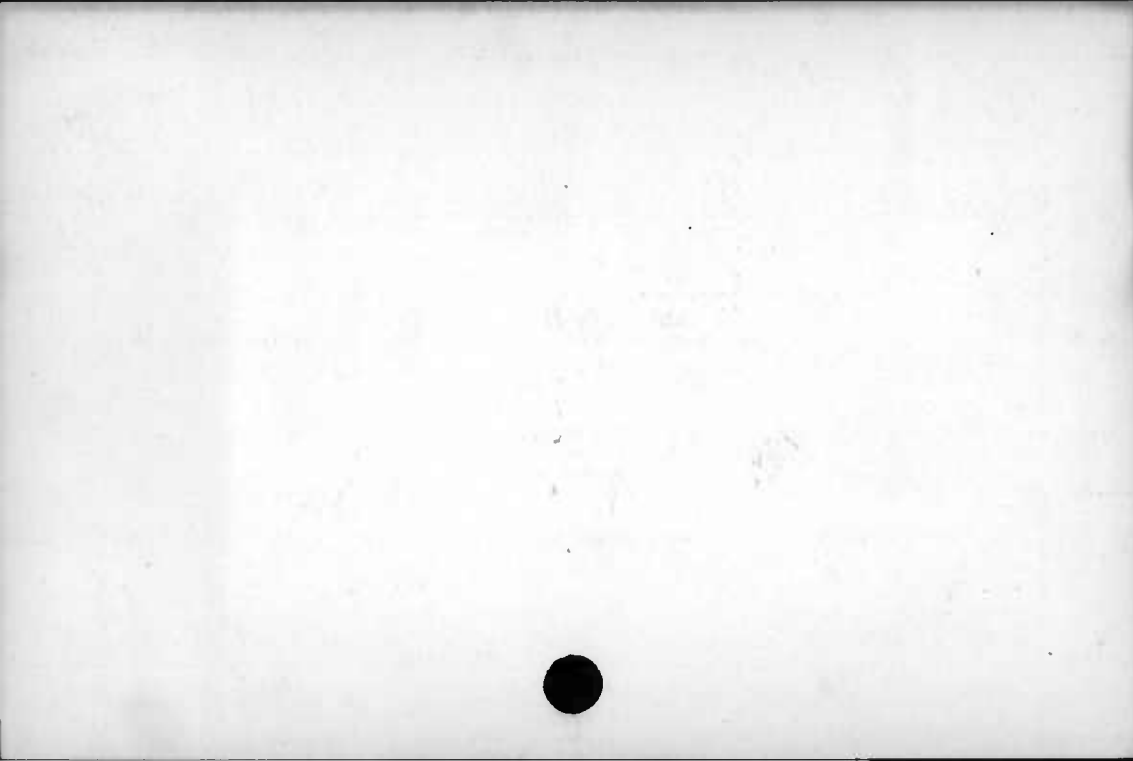
Louis B. Deake

Address

Annapolis,
Md.

Accident or Suicide?

Neither



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

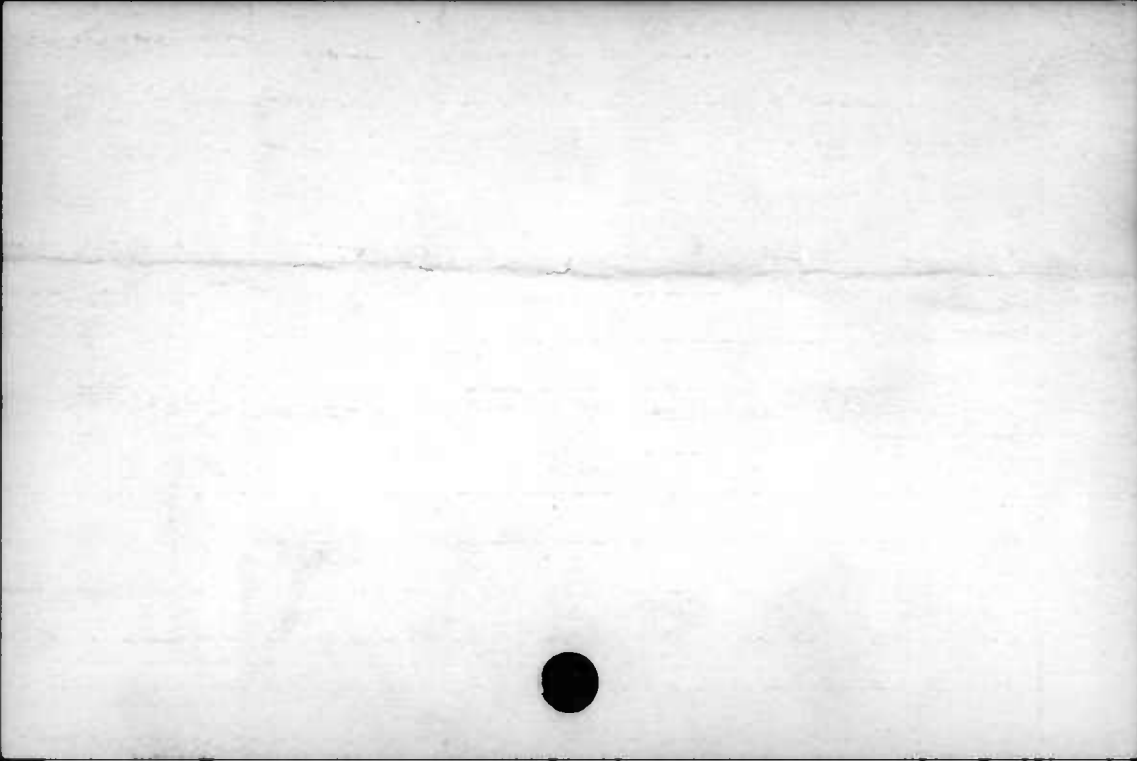
Died at <i>East Brooklyn</i>		Town <i>East Brooklyn</i>		County <i>Ci. Ci</i>	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>21</i>	Age	Years <i>87</i> Months <i>27</i> Days <i>27</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place <i>East Brooklyn</i>		
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name <i>William Tribbitt</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Ann G. Tribbitt</i>			Mother's Birthplace <i>Mass</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infusion</i>	How long	<i>8 days</i>
Immediate	<i>Coronary Artery</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. J. Brown</i>	
		Address <i>Brooklyn</i>	
Accident or Suicide?			



Name
in
Full

Edward Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

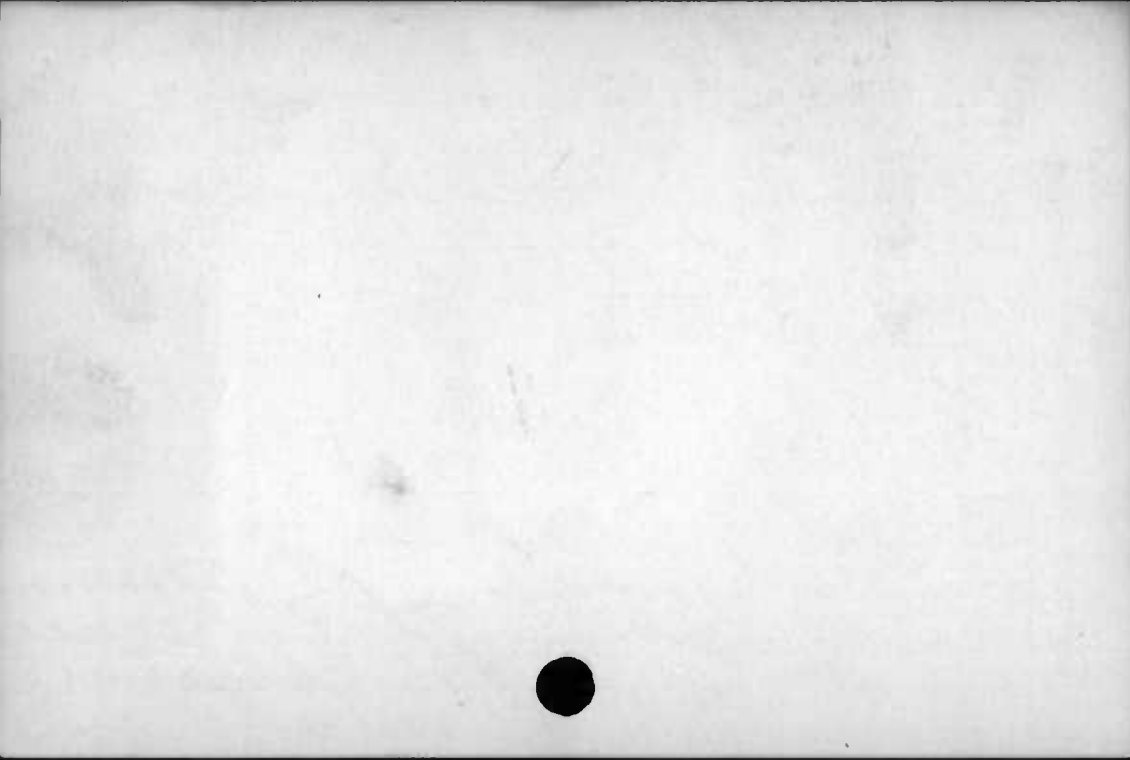
Died at <i>Annapolis</i> Town <i>A.A.</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>July</i> Day <i>9</i>	Age <i>—</i> Years	Months <i>—</i> Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>	
Occupation <i>unk known</i>	Where Residing if not at place of death <i>unk known</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>unk known</i>		
Father's Name <i>Arroy Tyler</i>	Father's Birthplace <i>South River Md</i>		
Mother's Maiden Name <i>Elizabeth Parker</i>	Mother's Birthplace <i>Calvert Co Md</i>		
Name of person giving information <i>Arroy Tyler</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

(72)

PHYSICIAN
OR CORONER

Primary	<i>Trismus Nascentium</i>	How long <i>Two days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>	
<i>yes</i>	Address <i>Annapolis Md</i>	
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Annapolis		Annapolis		Anne Arundel		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		July	14	28	1		
Sex	Male	Color or Race	Colored	Birth-place	Severna Park Co. Md.		
Occupation	Laborer			Where Residing if not at place of death	14th St.		
Married, Single or Widowed	Married			Name of Wife or Husband	Folia Waters		
Father's Name	Dr. R. R. R.			Father's Birthplace	Dorchester		
Mother's Maiden Name	"Charles" R.			Mother's Birthplace	" "		
Name of person giving information	Charles R.			How related to deceased	friend		

CAUSES OF DEATH

Primary

How long

Immediate

How long

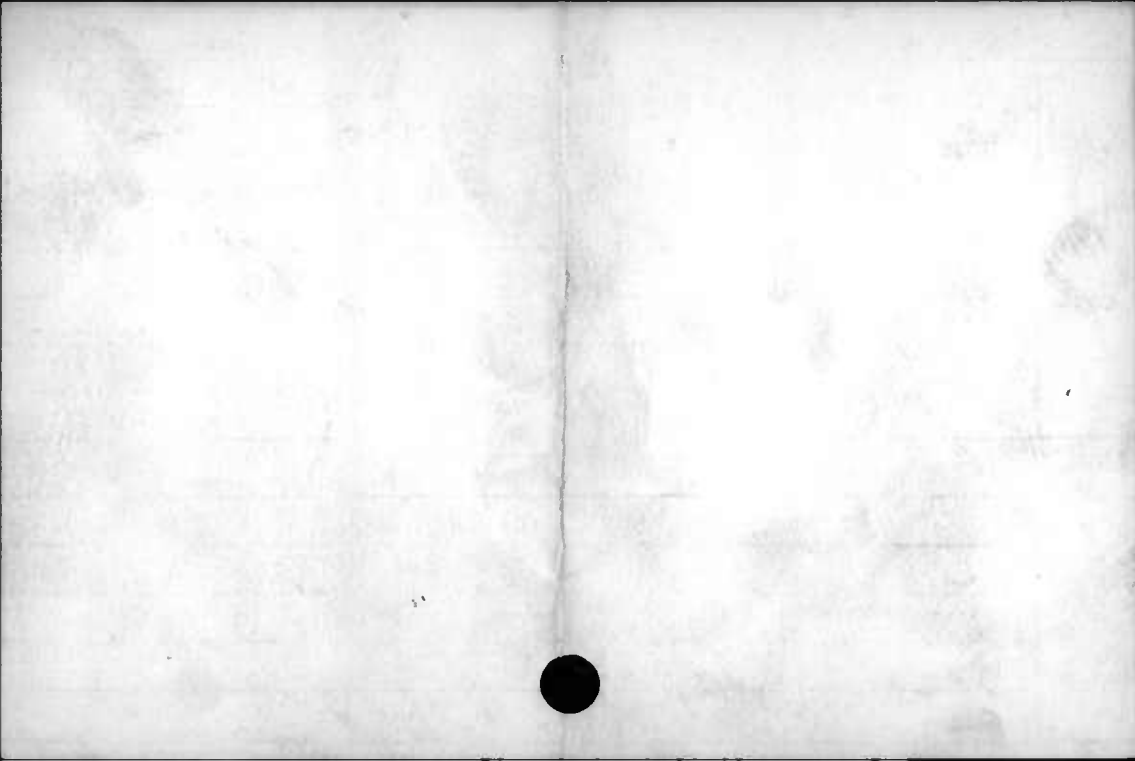
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Rosetta W Winkler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

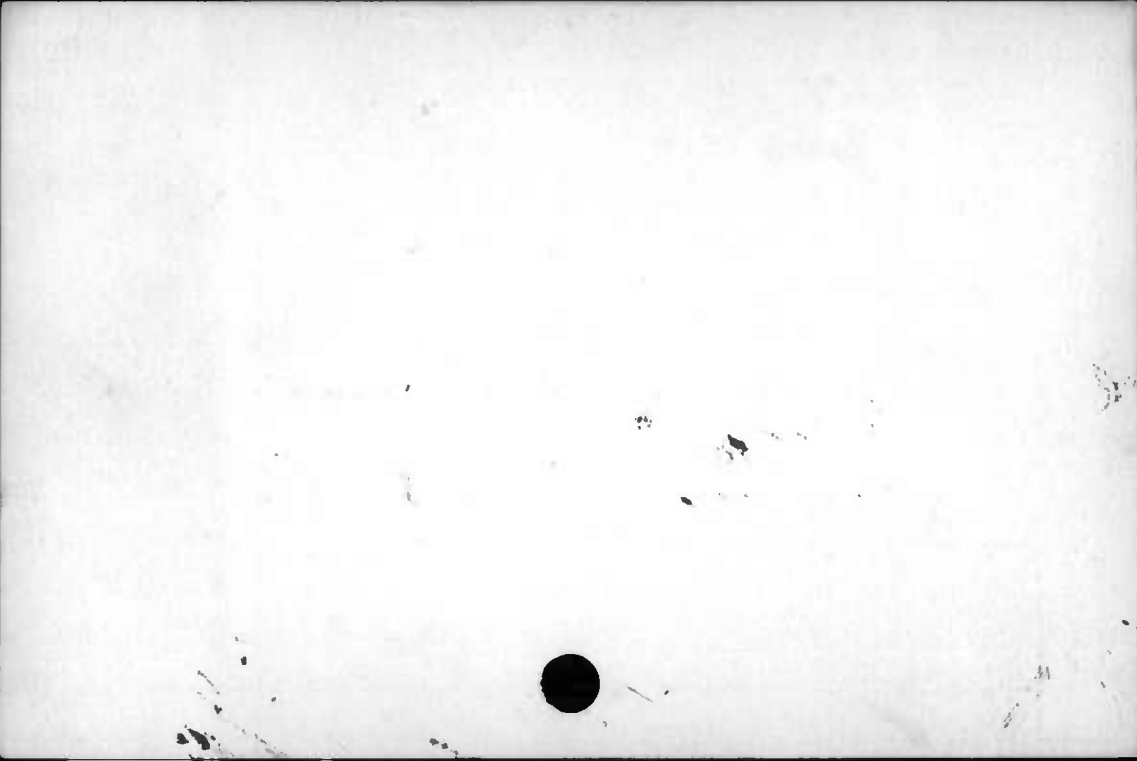
Died at <i>Erligh Heights</i>		Town <i>S. F. Co</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>11</i>	Age <i>58</i>	Years	Months <i>X</i>	Days <i>X</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Erligh Heights</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Wm E Winkler</i>						
Father's Name <i>Casper Bowers</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Balto.</i>						
Name of person giving information <i>Wm E Winkler</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>3 1/2 yrs</i>
Immediate <i>Uremic Poisoning</i>	How long <i>3 or 4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas D Ricker Md</i>
	Address <i>Robinson, Md.</i>
Accident or Suicide?	



Name
in
Full

Robert-Ed Hood

CERTIFICATE OF DEATH

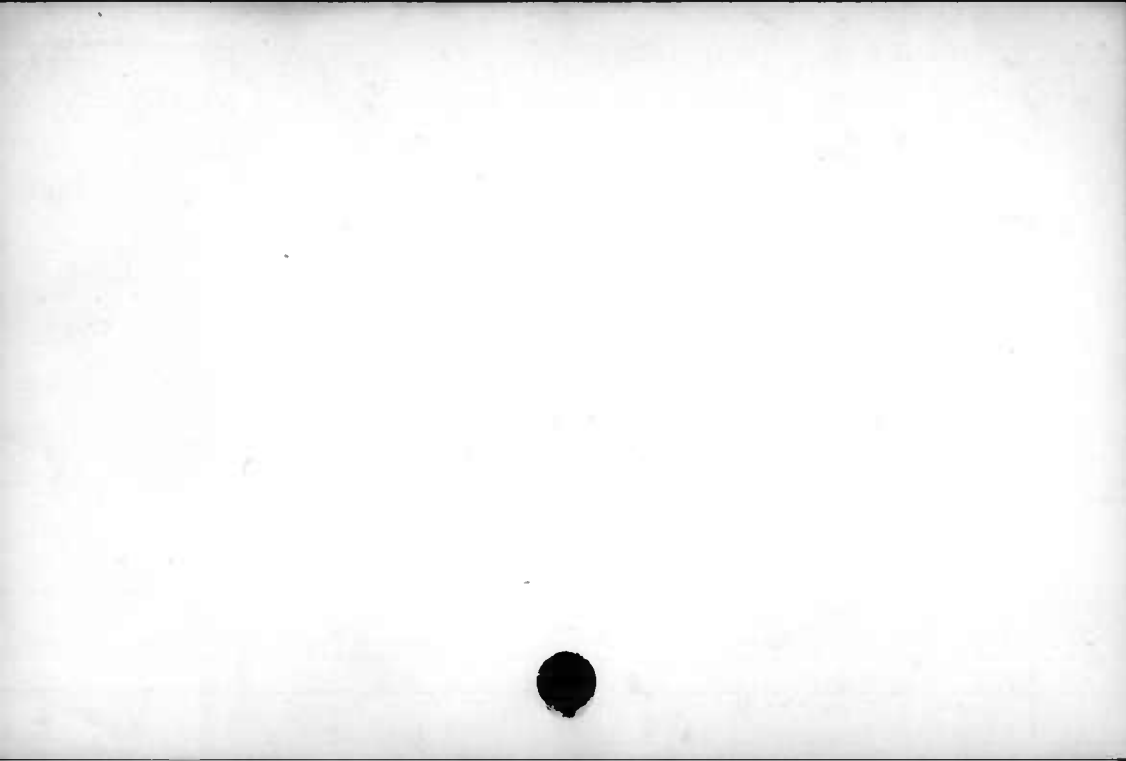
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Port</i>		County <i>a a</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>July</i>	<i>3</i>	<i>44</i>	<i>44</i>	<i>44</i>
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>White</i>		<i>A A Co. Md</i>		
Occupation	Where Residing if not at place of death				
<i>Labourer</i>					
Married, Single or Widowed	Name of Wife or Husband				
<i>Married</i>	<i>Annie R. Hood</i>				
Father's Name	Father's Birthplace				
<i>Robert Hood</i>	<i>A A Co. Md</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Willie A. Hood</i>	<i>" " " "</i>				
Name of person giving information	How related to deceased				
<i>Annie R. Hood</i>	<i>Wife</i>				

CAUSES OF DEATH

Primary	<i>Can Lungs & Liver</i>	How long	<i>5 m</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	<i>J. J. Murphy</i>		
	Address		
	<i>Annapolis</i>		
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

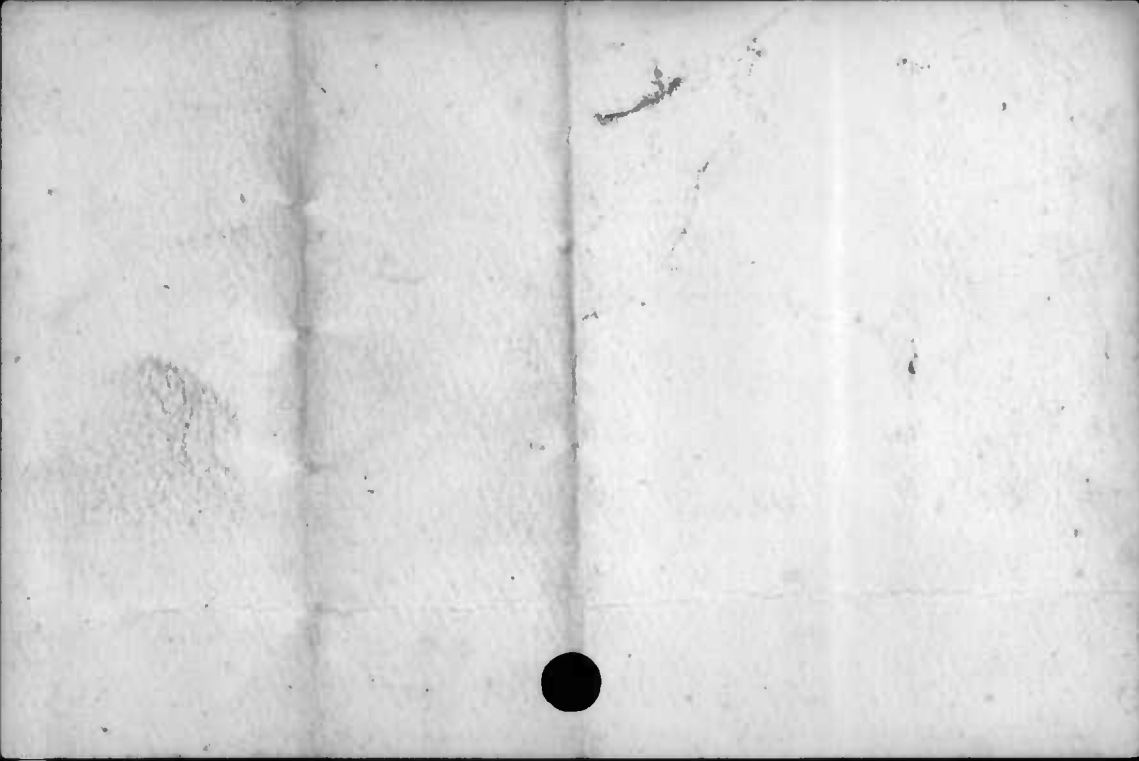
Name <i>Idol Yeagerman</i>		County <i>Ann Arundel</i>		MARYLAND	
Died at <i>Myers Farm</i>		Town <i></i>			
Date of death	1907	Month	July	Day	13
Age	12	Years		Months	7
Sex	male	Color or Race	White	Birth-place	San Juan Utah
Occupation	Water Boy		Where Residing if not at place of death <i>Myers Farm</i>		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	<i>Henry Yeagerman</i>		Father's Birthplace <i>Denmark</i>		
Mother's Maiden Name	<i>Archie W. Frederick</i>		Mother's Birthplace <i>Denmark</i>		
Name of person giving information	<i>Osiah Johnson</i>		How related to deceased <i>Step Father</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Accident, Struck by locomotive</i>	
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	<i>Leoster L Disney</i>
Address	<i>Odenton A. A. Co Md.</i>
Accident or Suicide <i>Accident</i>	<i>Justice of the Peace Act. Coroner</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake bay</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND		
Date of death <i>1907</i>	<i>July</i> ^{Month}	<i>12</i> ^{Day}	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>not known</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband <i>unknown</i>				
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>				
Name of person giving information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Brain</i>	<i>172</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wilson Thomas Ew</i>	
	Address <i>Study Side</i>	
Accident or Suicide? <i>Accident -</i>	<i>Brain Inquest -</i>	

